

IN THE UNITED STATES DISTRICT COURT  
FOR THE Northern DISTRICT OF TEXAS  
Amarillo DIVISION NORTHERN DISTRICT OF TEXAS

Curtis M McKinney #534028  
Plaintiff's name and ID Number

Estelle, 264 Fm 3478, Huntsville, Tx 77320  
Place of Confinement

JUL - 6 2004  
CLERK, U.S. DISTRICT COURT  
BY DEPUTY

CASE NO. 2-04CV-173-J  
(Clerk will assign the number)

v.

Correctional Managed Health Care Advisory Committee, Official Capacity  
Defendant's name and address unknowned

Kelly Suddon, 9655 Spur 591 Amarillo Tx 79107  
Defendant's name and address

Dr. Ronald Lacy, 9655 Spur Amarillo Tx 79107  
Defendant's name and address  
(DO NOT USE "ET AL.")

I. PREVIOUS LAWSUITS:

A. Have you filed any other lawsuits in state or federal court relating to your imprisonment? YES NO

B. If your answer to "A" is "yes", describe each lawsuit in the space below.  
(If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: October, 2003

2. Parties to previous lawsuit:

Plaintiff(s) Curtis M McKinney

Defendant(s) Gary L. Johnson ET AL Defendants

3. Court (If federal, name the district; if state, name the county) Northern U.S. District Court

4. Docket Number: 2:03-CV-0385

5. Name of judge to whom case was assigned: Clinton E. Averette

6. Disposition: (Was the case dismissed, appealed, still pending?)

Still Pending

7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: Estelle Unit 264 Fm 3478 Huntsville 77321

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? ☒ YES ☐ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name of address of plaintiff: Lurtis Marvin McKinney  
264 Fm 3478 Huntsville Tx 77320

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Gail Anderson, medical Administrator  
Wallace Unit P.O. Box 2000 Colorado City Tx 79512

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Reckless endangerment, Deliberate indifference to serious medical

Defendant #2: Dr. William Gonzales  
8602 Peach Street Lubbock Tx 79404

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Reckless endangerment, Deliberate indifference to serious medical

Defendant #3: Dr. Mark Maxwell  
Roberson Unit 12021 Fm 3522 Abilene 79511

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Reckless endangerment, Deliberate indifference to serious medical

Defendant #4: Dr. Robert Hults  
Wallace Unit P.O. Box 2000 Colorado City Tx 79512

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Reckless endangerment, Deliberate indifference to serious medical

Defendant #5: Debra Burns nurse  
9055 Spur 391 Amarillo Tx 79107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Reckless endangerment, Deliberate indifference to serious medical

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

See Attach extra Pages  
The Defendants subjected the Plaintiff to reckless

II. PLACE OF PRESENT CONFINEMENT: \_\_\_\_\_

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? \_\_\_\_ YES \_\_\_\_ NO  
Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name of address of plaintiff: \_\_\_\_\_

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: JAMIE L. BAKER

Clement Unit 9601 Spur 591 Amarillo TX 79107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Reckless endangerment, Deliberate indifference to serious  
Defendant #2: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

~~management by displaying deliberate indifference to~~  
~~the Plaintiff serious medical needs and condition~~  
~~which resulted in the Plaintiff suffering irre-~~  
~~parable harm and injury. The Plaintiff is filing~~  
~~on the Correctional Managed Health Care Advisory~~  
~~Committee in their OFF OFFICIAL CAPACITY And~~  
~~All others in their individual capacity~~

See Attached Extra Pages

#### VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Fracture Medical and monetary damages of \$150,000.00  
Each Defendant in their individual capacity

#### VII. BACKGROUND INFORMATION:

- A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Curtis Marvin McKinney

- B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

# 534028

#### VII. SANCTIONS:

- A. Have you been sanctioned by any court as a result of any lawsuit you have filed?

YES / NO

- B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give district and division): N/A

2. Case Number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? YES NO

- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer



STATEMENT OF Cause Continue

January, 2004, University of Texas medical Branch at Galveston's neuro Surgeon, ordered physical and occupational therapy for the second time after the August 16, 2002 spinal Cord surgery and Carpitunal surgery, on his right hand which the neuro surgeon (Dr. Maxwell) that performed the Surgeries had ordered me, (Curtis M. McKinney) to receive the physical and occupational therapy as can be tolerated in his (Dr. Maxwell's discharge summary from Hendricks medical Hospital to Texas Tech medical personal August 19, 2002.

August 28, 2002, I, was discharged from the Roberson unit Hospital, and returned to the Neal unit, which I, was assigned to at the time.

August 30, 2002, at About 8:00 AM, I, was seen by Dr. Lacy, at the Neal unit infirmary. Dr. Ronald Lacy, reviewed the medical records on the spinal and Carpitunal surgeries examined the incisions and ordered me not to be involved in any aggressive or physical activities due to the seriousness of the spinal surgery.

August 30, 2002 at about 4:00 Pm I, went to the infirmary due to exstream pain and numness that I, was experencing due to I had been subjected to a unjustified us of phyiscal force at about 11:15 Am August 30, 2002 by T.D.C.J. ID Officials due to the ~~pe~~ phyiscal disabilities that I, was left with due to the then (14) day old Spinal surgry and the fact that medical administ-rator Gail Anderson and Dr. Robert Hults of the Wallace Unit greatly delayed a M.R. I, of my cervical spine after I, repeatedly complained of loss of ability in my limbs, weakness, numness, sharp shooting pains, and provided the with Copies of medical records from Arlington Memorial Hospital pretaining to a neck/spinal injury that I suffered that left me particaly quadripligic.

Around or about January, 2002, a neuro specilist at the monFort hospital unit, that was seeing me for the Carpitunal symptoms Noticed symptoms of a C- spinal cord injury And asked me if I had ever had a spinal or neck injury (due to the state that my phyiscal condition had deteriorated to) due too Mrs. Anderson and Dr. Hults ignored the Symtons ( Complaint and medical records) And ordered a M.R. I. of my C- Spine

After viewing the C-spine M.R.I's, neuro Surgeon Dr. Mark Maxwell, stated that the spinal condition had been allowed to deteriorate to the point that the least jerk or push could result in me being left paralyzed.

August 31, 2002, I, suffered another unjustified use of physical force by T.D.C.J.-ID., officials in retaliation to my filing a complaint on the August 30, 2002, incident. I, was brought to the infirmary in great pain (due to my ~~back~~ arms and hands had been forced behind my back and cuffed against the limited range of motion that I, had been left with because of the Anderson Hults delay and the August 16, 2002 spinal and carpal tunnel surgeries) for the second day in a row

Due to the extreme pain that I, was in and being light headed, dizzy, feeling faint and chest pains I, pleaded with nurse Debra Burns to please have security to hand cuff me in the front due to the pain and symptoms I, was experiencing in which the August 31, 2002 security ~~video~~ video will show

Nurse Burns ignored my pleas even after she recorded my blood pressure at 215/132 and reviewed my medical chart and seen that I had a recent spinal cord surgery which required me to wear the neck brace and tens unit that I had on and that I was a chronic high blood pressure patient that was on a twice a week blood pressure check due to it had been out of control. I also told her that I had not had my blood pressure medication.

I then pleaded with Dr. Lacy, to please have security to handcuff me in the front (due to my spinal condition that he had examined and had full knowledge of from the records he had review the day before August 30, 2002) because of the pain that I was in as the August 31, 2002 video tape from security would have shown. Dr. Lacy also knew that my blood pressure had been recorded dangerously high at 215/132 and he had me on a twice a week monitoring checks for a month that ended August 31, 2002, yet he still ignored my pleas and complaints of dizziness and chest pains and feeling of faint and did not order me blood pressure medication until around or about September 5, 2002, nor did I receive a dose until then in solitary.

Neuro Surgeon Dr. Maxwell, prescribed a (tens unit) to help relieve the pain from the spinal surgery. When I was released from the Roberson Unit hospital the inter changable prong pads were left at the hospital due to they could not be found in it. Medical Administrator Kelly Suddon, and Dr. Lacy, would not attempt to get the ~~pack~~ pack that was left at the Roberson unit, nor would they order more resulting in me only getting to use the tens unit only (17 days) and me suffering from the pain of the two unjustified uses of forces and the spinal surgery.

My physical condition began to deteriorate to the point that I began to become very weak in my arms hands and legs. I began to loose control of my legs and balance. I repeatedly request for Dr. Lacy, Kelly Suddon, and Dr. William Gonzalas, to allow me to receive the physical therapy and occupational therapy that neuro surgeon doctor Maxwell ordered me to receive as can be tolerated (and was repeatedly denied the much needed rehabilitation.)

Dr. Lacy, ordered a portable handicap shower chair for me to use (due to the rapid loss of strength and the limited abilities that I had regained) in the shower but would not allow me to receive the physical therapy that the neuro surgeon ordered. Due to problems that I was having with the portable shower chair Dr. Lacy moved me to a wing that had a built in handicap shower.

Dr. William Gonzalas of the Monfort hospital unit continued to ignore and denied my request to receive the ordered physical therapy as I continued to tell him about my deteriorating condition.

Neal unit medical Administrator Kelly Suddon continued to refused my request for the ordered physical therapy as I described my deteriorating condition.

Due to Dr. Lacy, Kelly Suddan and Dr. Williams refusal to follow the neuro specialist orders for me to receive physical therapy I've suffered a serious injury to my lower back which is interfering with the physical and occupational therapy ordered by the neuro surgeon at U.T.M.B..

After having Carpitunal surgery on my right hand and major spinal cord surgery on levels C2, C3, C4, and C5, August 16, 2002. I began to exspirence weakness and loss of ability and balance in my limbs. In or about October, 2002 Dr. Lacy of the Neal unit ordered me to use a portable handicap shower Chair (due to there was not a built in handicap shower on my assigned wing C and my physical condition was rapidly regressing.)

On October 15, 2002, I reported the number of probles that I was having with the handicap shower chair. Dr. Lacy, Contacted Captain Agurrie and requested that I be moved from C-wing to A-wing due to A-wing had a built in handicap shower. October 15, 2002 I was moved from C-wing # 118 to A-wing # 103. Due to A-103 was needed for disciplinary reasons I was later moved to cell 107 with a active homosexual. Due to the fact that the homosexual was having his mate in our cell we began to have problems

The homosexual attempted to get moved to another cell due to he stated that he was not going to stop having his mate in our cell. Major Baker refused to move the homosexual. The problem began to escalate between me and offender Williams so I wrote Mrs. Southern, of offender Classification and Major Baker, in an attempt to get the problem resolved with any one getting hurt. Due to both of the reports of life endangerment and/or health risk were ignored by Mrs. Southern and Major Baker I filed a grievance on the matter. Around or about November 27, 2002 I received a move slip to move from (A wing) in which the doctor ordered me to be moved on for the built in handicap shower back to (C-wing) which does not have a built in shower. I spoke with Captain Agurrie about being moved from the wing with the built in handicap shower back to the wing that I was moved off of due to it did not have a built in handicap shower.



Captain Agurrie called Major Baker and told her that I needed to stay on (A wing) due to Dr. Lacy had contacted her October 15, 2002, and ordered that I be moved to (A-wing) due to it had a built in handicap shower. Major Baker told Captain Agurrie to tell me that I could either stay in the cell and deal with the problem that I reported with the homosexual activity or move back to (C-wing) in which the doctor had ordered that I be moved off (due to it did not have a built in handicap shower).

December 27, 2002 & officer Howard would not give me the portable handicap shower chair from the picket to shower with within the limited shower time (which is one of the problems that I reported that I was having with the portable handicap shower chair to Dr. Lacy October 15, 2002). Due to officer Howard would not give the portable handicap shower chair to me I was forced to attempt to shower without the shower chair.

My legs became very weak and unsteady so I decided to get out of the shower. As I Attempted to get out of the shower I fell due to my legs had become very weak and unstable. Since the December 27, 2002 fall I've suffered from sharp pains in my lower and mid back my legs and tail bone constantly hurt. I can barely walk at times due to the exstream pain and numness in my legs. M. R. I.s were taken February, 2003 and October 2003 that showed damage and/or injuries to the lumbar area of my back.

I am also suffering from pinched nerves at levels C-425 and C-526 (which Dr Maxwell performed surgery on and second checked to make sure that every thing was alright) due to Dr. Lacy and nurse Burns failure to request that my arms and hands be unbound from behind my back when they had full knowledge of my serious medical condition. I had not been accused of being aggressive or threatening.

After suffering the unjustified use of two days after being released from the Roberson Unit Hospital I contacted Dr. Maxwell's office and reported that I had suffered possible damage and/or injury to the surgical area due to the use of force. I contacted his office again and reported that my condition was rapidly deteriorating due to the injuries suffered and Texas Tech's medical refusal to follow his post surgical orders. Dr. Maxwell ignored the reports that I made as a patient that he comforted and assured that he would be there for me. Dr. Maxwell did not even call me back for a post surgical follow up appointment. I suffer from two ruptured disks with pinched nerves at C-4/5 and C-5/6 which I've been scheduled to undergo a second surgery to the same area that Dr. Maxwell claimed he would fix. Also due to Dr. Maxwell abandoning me I suffered injury to my lumbar spine which will likely require surgery. Mentally I'm having a very hard time in trusting the surgeon to perform the second surgery and the possible third lumbar surgery.

The Correctional Managed Health Care Advisory Committee was legislatively mandated to create and oversee the implementation of a managed health care delivery system at the Department has fail to oversee and manage the health care system which has resulted in me suffer further injury that requir futh sugries to ease the pain and disabilities.

1. Court that imposed warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warnings were imposed: N/A

Executed on: \_\_\_\_\_  
DATE

\_\_\_\_\_  
(Signature of Plaintiff)

#### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$150 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 1 day of July, 20 04.  
(Day) (Month) (Year)

Curtis M McKinney  
Curtis M. McKinney  
(Signature of Plaintiff)

**WARNING:** The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

# INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|---|---|

TO: Mr. Underhill DATE: 2-2-98  
(Name and title of official)

ADDRESS: Middleton Administration

**SUBJECT:** State briefly the problem on which you desire assistance.

I'm writing to make sure that you all have the ~~correct~~ proper means of getting my free world medical record which I have already signed consent for you all to request. Please send this I-60 back to confirm the fact that you have received this information.

My doctor's name is Dr Syed A.A. Shah } Arlington Memorial  
his address is 319 Osler Drive Suite 100 } Hospital located at  
Arlington TX 76010 (a Cooper and Randel Mill St  
his phone # is (817) 460-1190 or (817) (460-1190) Arlington TX

(Administrator of Medical Records 76011

Name: Curtis McKinney No: 534028 Unit: Middleton  
Living Quarters: C-25 Work Assignment: 16 Hoe Squad

**DISPOSITION:** (Inmate will not write in this space)

Medical Records will pay you in for a FWR Appt. for you can give this info. Please, keep this info and bring it with you at the Appt. We show no records of you signing a release, it might have already been sent out before. We will just go ahead and get <sup>J0271</sup> with you again. TKS - MS. King - MIA - 2-8-9-

I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

# INMATE REQUEST TO OFFICIAL

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PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. ☐ Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. ☐ Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)
4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)
5. ☐ Visiting List (Asst. Director of Classification, Administration Building)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

*E. Anderson*

(Name and title of official)

DATE:

*5-11-98*

ADDRESS:

*Dick W. W. Hunt*



**SUBJECT:** State briefly the problem on which you desire assistance.

I'd like to be seen by a doctor qualified to make a proper decision on the injury suffered 5-11-98. I was refused proper medical attention by Mrs. Welch and would like to be seen and diagnosed by a physician. I'd also like a response from Mrs. Anderson on this inmate request and the other two also filed 5-11-98. It is possible I'd like Mrs. Welch's full name and her state medical license number. I would like to be able to come down a review my medical record dating back from 8-28-97 thru May 11, 1998 and would like copies of requested information recorded and gave by me Curtis McKinney #534028.

Name: Curtis McKinney No: 534028 Unit: WPC  
 Living Quarters: C-2-18 Work Assignment: 2 Hec Sq

**DISPOSITION:** (Inmate will not write in this space)

re info  
 5/10/98  
 See Attached

I-60 (Rev. 11-90)

J0271

MAY 12 AM 7:51

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

E. Anderson, Health Administrator DATE: 5-11-98  
(Name and title of official)

ADDRESS:

Dick Ware Health Administrator

**SUBJECT:** State briefly the problem on which you desire assistance.

When entering T.D.C. I signed consent and requested that the medical administrator send for copies of my medical records from Arlington Memorial Hospital records department located at 800 W Randolph Mill Rd Arlington TX 76012. The records would have showned that I suffered a injury that left me paralyzed for weeks and it would have showned that I could not have been assigned to the fields. I was hurt today 5-11-98 in the fields and refused proper medical attention by Mrs. Welch. Instead she diagnosed the injury by eye and placed a heat pack on it that seemed to worsen condition. I'd like to be seen by proper personnel and my medical records to be sent off for by Mrs. Anderson. Name: Curtis McKinney No: 534028 Unit: Ware Living Quarters: C-2-18 Work Assignment: 2 Hrs Sq

**DISPOSITION:** (Inmate will not write in this space)

pe luv You were not refund medical treatment  
to Dony on 5-11. Were seen as walk in - brother per  
protocol and told what to do. if you had  
Additional Problems:

W.D. Anderson, RN  
5-14-98

I-60 (Rev. 11-90)

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

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- |   |   |
|---|---|
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|---|---|

TO:

G. Anderson  
(Name and title of official)

DATE:

5-11-98

ADDRESS:

Dick Wore Health Administrator



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

# INMATE REQUEST TO OFFICIAL

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4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)      8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

*J. Anderson*

(Name and title of official)

DATE:

*5-13-98*

ADDRESS:

*Health Administration*

**SUBJECT:** State briefly the problem on which you desire assistance.

I was hurt on the job 5-11-98 and refused proper medical attention after being brought in by the field officer; I worked for 5-11-98. Today 5-13-98, Curtis McKinney was forced to go out due to <sup>the</sup>~~some~~ improper medical attention by lower-level medical personnel. My condition seemed to worsen due to aggravation of the area brought on by work condition. After explaining to the field officer the situation, I wasn't required to do as much. I'm currently experiencing sharp pains in back area also weakness in right leg and offset of balance it seems. Please respond to this request dated 5-13-98 and the other three dated 5-11-98 and ~~dated 5-11-98~~ ~~dated 5-11-98~~.  
Name: Curtis McKinney No: 534028 Unit: WRC  
Living Quarters: C-2-18 Work Assignment: 2 Hue Sq

Name: Curtis McInnes No: 334228 Unit: WARR  
Living Quarters: C-2-18 Work Assignment: 2 Hve Sq 14

write in this space (if needed)

RECEIVED

JUL 10 1998

DEPT. OF JUSTICE

~~Incident~~  
incident

guldung doe

I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: Don Gualde DATE: 5-17-98  
 (Name and title of official)

ADDRESS: Dickware Medical



**SUBJECT:** State briefly the problem on which you desire assistance.

I was hurt 5-11-98 on the job at the Dick ware unit. I was refused proper medical attention by lower-level personnel and as of 5-18-98 I am having a number of problems as follows. Sharp pains in lower back, numbness in right leg, weakness in right leg. I'd like the surgery medical record to be sent for in the free world. I've already signed one release when entering T.D.C.-J. and will sign another if needed. I'm still in a great deal of pain and need to be seen by a doctor with, I've been denied up to this point. I'd like the name of the free world establishment that Dick ware medical branches from also please.

Name: Curtis McKinney No: 534628 Unit: WA  
 Living Quarters: C-2-18 Work Assignment: The Sq

**DISPOSITION:** (Inmate will not write in this space)

NS 5/18/98  
 records  
 free world  
 are

1998 MAY 18 AM 8:21

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
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| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: Dr. Duke B. DATE: 5-21-98  
 (Name and title of official)

ADDRESS: Dick Ware Medical

**SUBJECT:** State briefly the problem on which you desire assistance.

I'm experiencing sharp pain in my mid and lower back. Also in experiencing a loss of ~~abilities~~ <sup>limb</sup> abilities to the right side of my body upper and lower ~~extremities~~ <sup>limbs</sup> plus I've had a constant headache since the injury. I'd like to be scheduled to have test done that will show damage or injury to Spinal Cord, Spinal nerve, disk or ruptured disk material that may be pressing on the spinal nerve. Previous records do not indicate damage or injury to skeletal system. I'd also like to be scheduled to be examined by ~~one~~ who specialize in nerve and spinal field.

Name: Curtis McKinney No: 534028 Unit: Dickinson  
 Living Quarters: [REDACTED] Work Assignment: Special bee SA

**DISPOSITION:** (Inmate will not write in this space)

use 4/24/04 on 001

Seen 5-19-98 104 PA.  
 cont. current meds ordered

5-22-98

I-60 (Rev. 11-90)

10271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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|---|---|

TO:

Donna Gaud

(Name and title of official)

DATE:

5-29-98

ADDRESS:

Dick Ware Medical

**SUBJECT:** State briefly the problem on which you desire assistance.

I am still experiencing sharp pains and loss of ability to the right side of body upper and lower extremities as described 5-21-98. The medication naproxen isn't helping at all the pain is getting worse each day it seems.

Name: Curtis McKinney No: 534228 Unit: Dick Wore  
 Living Quarters: C-2-18 World Assault Unit: OE 101 844 ial field Sg

**DISPOSITION:** (Inmate will not write in this space)

NSC 5-30-98

Wm Oliver LVP

I-60 (Rev. 11-90)

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |  |   |
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|--|---|

TO: Mrs. Edwards DATE: 5-29-98  
(Name and title of official)

ADDRESS: Dick Wayne Medical Records

SUBJECT: State briefly the problem on which you desire assistance.

I'd like the right to exercise my (Curtis McKinney #534628) constitutional right to review my medical chart here at the Dick Ware T.F. with the free world records that (Curtis McKinney #534628) obtained by sending my mother (Marie McKinney) to Arlington Memorial Hospital and requesting a medical release form in which I sent back form here at the Dick Ware T.F. On the medical release form that was sent back with the medical records requested that a copy be sent for me (Curtis McKinney) and one for the medical administrator with the has and had the means of copying the original copy that I obtained.

Name: Curtis McKinney No: 534628 Unit: Dick Ware  
 Living Quarters: C-2-18 Work Assignment: Special Field Sq

DISPOSITION: (Inmate will not write in this space)

1998 MAY 30 AM 9:47

referred to medical records

You are not allowed access to your free world records. If you want your records you can obtain them at your own expense.

I-60 (Rev. 11-90)

4. mod. w/ 5-30-98

J. Conway, Med. Rec.

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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1. ☒ Unit Assignment, Transfer (Chairman of Classification, Administration Building)      5. ☐ Visiting List (Asst. Director of Classification, Administration Building)
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TO:

Health Quality Assurance      DATE: 7-3-98  
(Name and title of official)

ADDRESS:

Health Services



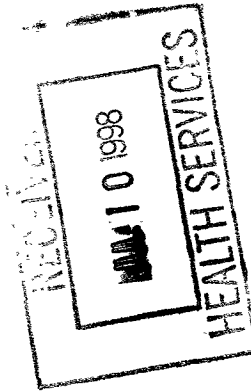
**SUBJECT:** State briefly the problem on which you desire assistance.

I'm still having a number of problems such as loss of abilities in upper and lower limbs and still having very sharp pains in mid and lower back. The medication that I've been taking for about a month hasn't helped with any of the problems at all. I'm very afraid that if I'm not helped out or treated or diagnosed in this medical situation soon, I'll end up crippled for life. I'm going through the step 2 grievance procedure but fear that if the problem isn't looked into soon it will be too late. I was seriously injured May 11, 1993 and have been suffering physically and mentally ever since. Please help me in the matter.

Name: Curtis McKinney No: 534028 Unit: Dick Lawrence  
 Living Quarters: C-2-18 Work Assignment: Field Sq 2

**DISPOSITION:** (Inmate will not write in this space)

I-60 (Rev. 11-90)



J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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| <input type="checkbox"/> 4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | <input type="checkbox"/> 8. Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: PALMER DATE: 1-19-04  
 (Name and title of official)

ADDRESS: Wallace Unit Classification

**SUBJECT:** State briefly the problem on which you desire assistance.

If I Curtis McKinney was transferred in October due to medical reasons. Then why am I McKinney #534028 still under the same medical administration and election treatment as I was at the Dick Ware Unit.

Name: Curtis McKinney No: 534028 Unit: Wallace  
 Living Quarters: F 213 Work Assignment: Garment Factory

**DISPOSITION:** (Inmate will not write in this space)

*Consult Medical*

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input checked="" type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)  |
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TO: Wallace Medical Administrator DATE: 7-19-04  
 (Name and title of official)

ADDRESS: Wallace Unit Medical Administrator

**SUBJECT:** State briefly the problem on which you desire assistance.

I need a follow up report sent to have my Tardemethalin medication be ordered due to pain and sufferer from back injury recasted in medical chart.

Name: Curtis McKenney No: 531228 Unit: Wallace  
 Living Quarters: F 213 Work Assignment: Good and Tending

**DISPOSITION:** (Inmate will not write in this space)

NSC 1-22-99 @ 1500  
K. Mississ 1/21/99

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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| <input type="checkbox"/> 1. Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | <input type="checkbox"/> 5. Visiting List (Asst. Director of Classification, Administration Building)   |
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TO: G. Ford Brown DATE: 2-17-99  
 (Name and title of official)

ADDRESS: Wallace Medical Administration

SUBJECT: State briefly the problem on which you desire assistance.

I'm still having very sharp stabbing pain that goes down my right leg - after sitting for only five minutes or standing for ten minutes I have the same almost unbearable pain. I'm having problems at work due to this pain that seem to be worsening. When I first hurt myself I started out on Naproxen 500 mg. which helped but not help at all and then I started the insulin then I feel that my Dr. Wanta with diagnosed my experiencing the problems and starting me back on the same Name: Gustav McHenry No: 534028 Unit: Bellevue Living Quarters: [redacted] Work Assignment: General Feeding

DISPOSITION: (Update will not write in this space) medication that did not work at first time tried proven that he did not hold a contract am helping me at all. I need to be seen by some one who cause am follow up.

NSC 2/20/99 @ 1500

I-60 (Rev. 11-90)

Scowmow 2/19/99

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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TO: Wallace Michael Staff      DATE: 2-8-99  
(Name and title of official)

ADDRESS: Wallace Michael Michael





**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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|---|---|

TO:

Medical Treatment  
(Name and title of official)

DATE:

9-16-98

ADDRESS:

Pill Window

**SUBJECT:** State briefly the problem on which you desire assistance.

As of Sept 16 prescribed medication namely Indomethacin expires. Please schedule to be examined by Dr to consider renewal of per scribe ~~order~~ prescription Currie on pac. Has free world medical records request around or about Aug 19 been sent. As request for review of dick ware medical personnel.

Name: Curtis McKinnay No: 534028 Unit: Ware  
 Living Quarters: C-4-10 Work Assignment: Special

**DISPOSITION:** (Inmate will not write in this space)

1998 SEP 17 PM 1:18,

NSC 9-17-98

Requiza ZN

9-17-98

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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TO: W Anderson DATE: 2-8-99  
(Name and title of official)

ADDRESS: Wallace Hunt Michael Administration



**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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TO:

Mr. G. Condemann      DATE: 2-17-99

(Name and title of official)

ADDRESS:

Wallace Unit Medical Administrator

**SUBJECT:** State briefly the problem on which you desire assistance.

Dear Mrs. Anderson, I am sincerely attempting to get you and medical personnel to diagnose the physical injury that took place May 16, 1998. I could clue to the fact that I suffered from <sup>problems</sup> pressure applied injury that left me with some of the same <sup>problems</sup> ~~same~~ that I am having and have been having since the May 11 injury. I'd like for you call to review my medical records from Johns Seely Hospital and all other you can get. I'd like for you call to set me up to have a M.R.I., CAT or transfer see attach page.

Name: Clinton McKinney No: 334028 Unit: Wallace

Living Quarters: [REDACTED] Work Assignment: Garment Factory

**DISPOSITION:** (Inmate will not write in this space)

RECEIVED to PHSA  
JUL 10 2004  
2-17-99

You were referred back to see Dr. Skell  
you the ordered request for CT scan  
through utility person Kevin for approval.  
Will let you know when approved.  
Ms Anderson 2-18-99

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

1999 FEB 25 PM 1:42

TO: Wallace Unit Medical DATE: 2-25-99  
 (Name and title of official)

ADDRESS: Wallace Unit Medical staff



SUBJECT: State briefly the problem on which you desire assistance.

I was seen by the doctor 2-24-99. At that time he (the doctor) explained that there is some mild stretch that may possibly help give some relief if tried. I would like to know how I can get more information and instruction on the stretch due to the fact that I am not getting much relief from medication alone.

Name: Clinton McKinney No: 534028 Unit: hullage  
 Living Quarters: IT 614 Work Assignment: Garment Fast

DISPOSITION: (Inmate will not write in this space)

Done in @ work in more @ 8pm  
 6:40 PM  
 2-25-99

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |  |
|---|--|
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|---|--|

TO: G. Anderson DATE: 3-1-99  
 (Name and title of official)

ADDRESS: Wallace Unit Medical Administration

**SUBJECT:** State briefly the problem on which you desire assistance.

I am experiencing a increase of sharp stabbing pains that are going all over my body it seems. After only sitting for five minutes it increases and standing for ten minutes the pains greatly increases. Over the past eight months I've suffered these pains and disability has greatly increased. I can barely use my right hand which has started to pain. I am having problems at my assigned job and not being able to perform up to standard required. Trying to keep up seems to end in causing more damage. My previous at work.

Name: Carl's D'E Kinsey No: 534028 Unit: Wallace  
Living Quarters: 6-A-0119 Work Assignment: 6-A-0119 Factory

Name: Furtis D E Kinney No: 534028 Unit: Wallace  
Living Quarters: 6-119 Work Assignment: Garment Factory

**DISPOSITION:** (Inmate will not write in this space)

55 33-99 @ 1500

Longwood 3-2-09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: Dr. Hults DATE: 3-23-99  
 (Name and title of official)

ADDRESS: Wallace Unit Medical

SUBJECT: State briefly the problem on which you desire assistance.

Since being further injured 3-15-99 while working in the garment factory. I've been experiencing a bruise like sensation and my back has begun aching to a point that it seems difficult for all the way out at times making it difficult for me to walk. I feel that a minor release will help out with the stiff back to be examined. Carol & please be brought back in to be examined.

Name: Christie McHenry No: 534028 Unit: Wallace  
Living Quarters: C-114 Work Assignment: Unassigned and

DISPOSITION: (Inmate will not write in this space)  
You have a follow-up appt already scheduled to see the MD/PA, wait for your lay-in. You will see him this week. Downing W 3/23/99

**INMATE REQUEST TO OFFICIAL**

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TO:

Mrs. G. Anderson  
(Name and title of official)

DATE:

3-28-99

ADDRESS:

Wallace Medical Administration

SUBJECT: State briefly the problem on which you desire assistance.

At my appointment with Dr. Waller 3-26-99 he mentioned that a confirmation had been given. Now this means that the C.T. scan for leukemia. If so could you tell me why it was said that it was cleared?

Name: Curtis McKinney No: 534028 Unit: Wallace  
 Living Quarters: C-114 Work Assignment: W.A.M.

DISPOSITION: (Inmate will not write in this space)

It was denied by Utilization Management / Dr. R. Hildale  
 due to X-rays do not show any pathology - No sensory  
 loss etc.

MD. Anderson

3-30-99

I've resubmitted some  
 info. so maybe can get  
 it approved anyway - Please wait & see, OK, M.A.

I-60 (Rev. 11-90)

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
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TO: Medical Administration DATE: 3-30-99  
 (Name and title of official)

ADDRESS: Wallace Hunt Medical



SUBJECT: State briefly the problem on which you desire assistance.

My job demand is causing aggression to  
 injured area. My back has tightness to the point  
 that I can hardly walk. The pain has not  
 subsided to an bearable state. My back feels  
 as if its going to go out at any day and  
 I have left guiding logic organization. Please  
 help.

To day at work 3-30-99 I felt that I was going  
 to drop dead. Please all walking activities due to aggression.  
 Name: Clinton McHenry No: 534028 Unit: Wallace  
 Living Quarters: C-114 Work Assignment: Garment Fact

DISPOSITION: (Inmate will not write in this space)

This problem was addressed on 3-29-99 by  
 Dr. Hutto.

MD Anderson PO  
 3-31-99

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

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|---|---|

*e/c*

TO:

*E. M. Clemens*  
 (Name and title of official)

DATE:

*3-30-99*

ADDRESS:

*Wallace Medical Administration*

**SUBJECT:** State briefly the problem on which you desire assistance.

I need to know if the C-7 prison appointment -  
ment has been cleared or if it's still scheduled.

If it was cleared please briefly tell me why?

TO  
FROM  
RE  
BY

Name: Christie M. Whinnery No: 531028 Unit: Wallace  
Living Quarters: C-119 Work Assignment: Garment Fact

**DISPOSITION:** (Inmate will not write in this space)

The second request is still pending -  
I cannot give you any info. at this  
time.

TO  
FROM  
RE  
BY  
DATE  
7/31/04

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

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TO: W. Anderson DATE: 4-5-99  
 (Name and title of official)

ADDRESS: Wallace Mediant Administration

**SUBJECT:** State briefly the problem on which you desire assistance.

I am experiencing constant severe pain, and tightness in my back that began to make it difficult for me to walk. My pain never meant has great affected these conditions. After coming off a temporary suspension on bearing my job was changed to inspector. But due to the fact that there is not any restriction on bearing load, lifting I'm being forced to constantly severe and lifting that have went beyond damage. with regards that have went beyond damage. May 11, 98 possibly causing permanent damage.

Name: Carl's M. Kinley No: 534028 Unit: Wallace  
 Work Assignment: Contract

Living Quarters: 614

DISPOSITION: (Inmate will not write in this space) 7-6-1947

Schulden Das appartement - 4-9-99

W. Anderson

FD-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender) Date: 5-6-99

Offender's Name: McKamey, Curtis TDCJ No. 534028

Work Assignment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Wing No.: C-174 School Hours: \_\_\_\_\_

Service needed: ☐ Medical ☐ Dental ☐ Mental Health ☐ Other: \_\_\_\_\_

Reason for Health Services Appointment: \_\_\_\_\_

How long have you had this problem? Hours: \_\_\_\_\_ Days: \_\_\_\_\_

*In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.*

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: I talked to Mr. Jennings 5-5-99 He asked me to tell you that  
he has received your correspondence and they have been forwarded to the  
appropriate medical authority  
Medical Staff Member's Signature: William R. DUSA Date: 5-6-99

**INMATE REQUEST TO OFFICIAL**

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- |   |   |
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| <p><input type="checkbox"/> 1. Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p><input type="checkbox"/> 2. Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p><input type="checkbox"/> 3. Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)</p> <p><input type="checkbox"/> 4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8040 Shoal Creek Blvd. Austin, Texas 78711)</p> | <p><input type="checkbox"/> 5. Visiting List (Asst. Director of Classification, Administration Building)</p> <p><input type="checkbox"/> 6. Parole requirements and related information (Unit Parole Counselor)</p> <p><input type="checkbox"/> 7. Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)</p> <p><input type="checkbox"/> 8. Personal Interview with a representative of an outside-agency (Treatment Division, Administration Building)</p> |
|---|---|

TO:

*G. Anderson*

(Name and title of official)

DATE:

*5-17-99*

ADDRESS:

*Wallace Unit Medical Administration*

SUBJECT: State briefly the problem on which you desire assistance.

This is an attempt to formally resolve the matter of my pain medication not being renewed over treatment plan or even diagnosis of the injury that has caused pain and suffering since being injured May 14, 1998 over a year now. I felt that I am being retaliated against due to the fact that I contacted Mr. Gary Thompson concerning medical treatment he was diagnosed for over a year now. I felt that I a being made to suffer same work at Mrs. Anderson's orders. Name: Curtis McKinney No: 534228 Unit: Wallace Living Quarters: C-114 Work Assignment: Garment Factory

DISPOSITION: (Inmate will not write in this space)

Mr. Anderson does not write orders!  
She told you numerous times!

Mr. Anderson RD  
5-18-99  
1040



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TO:

Medical Dept  
(Name and title of)

DATE:

6-13-99

ADDRESS:

Wallace Sum  
Medical Dept

SUBJECT: State briefly the problem on which you desire assistance.

Due to loss of circulation and numbness in  
 most of the right side of my body due to a  
 injury suffered May 14, 98 while working in the base  
 unit field. My right foot has been clamping due  
 to weakness and loss of control and my right  
 hand & throat is reacting to voice person with  
 is causing a balance due to the wrong done  
 of one side and not the other. This has been  
 been causing a great deal more of pain in  
 my back

Name: Walter M. Kinsey No: 534028 Unit: Wallace  
 Living Quarters: C 114 Work Assignment: Garment Factory

DISPOSITION: (Inmate will not write in this space)

NSC013000076-15-99  
 P. James W. 6-13-99

J-60 (Rev. 11-90)

~~Walter M. Kinsey~~  
 [Redacted]  
 [Redacted]  
 [Redacted]

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|---|---|

TO: W. Wallace Hunt Medical DATE: 8-20-99  
 (Name and title of official)

ADDRESS: W. Wallace Hunt Medical Department

SUBJECT: State briefly the problem on which you desire assistance.

After receiving early 2 of the 3 incidents dated June 17 - July 17th the pull woman keeps telling me that for some reason the third incident 6-17-99 - 7-17-99 has been sent back. This is going on my third day with medical and I am having a great deal of pain and it is becoming very difficult to be assigned job duties. I needed I like to be seen by the doctor to be examined to get medication released.

Name: Christie McHenry No: 534028 Unit: Wallace  
 Living Quarters: K-24C Work Assignment: 2nd Kitchen

DISPOSITION: (Inmate will not write in this space)

Medication has been ordered  
 on computer. Work will  
 be done in 2-3 days.  
 James R.

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TO:

G. Anderson  
(Name and title of official)

DATE:

10-6-99

ADDRESS:

Wallace Unit Medical

**SUBJECT:** State briefly the problem on which you desire assistance.

I need to know why J. M. K. was med  
ically transferred last October 1998 from  
the Dick Warr facility. The reason is all  
I need as if you just wrote it as this  
request that will be just fine

SEP 26 PM 9:07

Name: Curtis M. K. No: 534028 Unit: W. Hall  
Living Quarters: 1st Kitchen Work Assignment: 1st Kitchen

**DISPOSITION:** (Inmate will not write in this space)

As far as I can tell this transfer  
was not medical.

M. Anderson RN

10-8-99

I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
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TO: Mr. Palames DATE: 10-11-99  
 (Name and title of official)

ADDRESS: Wallace Unit Classification

SUBJECT: State briefly the problem on which you desire assistance.

Mr Palmer could you please pull my file and tell me why I was administratively transferred from the Dick West Unit last October to the Wallace Unit. Can direct me to the proper office to obtain this information.

Thank you

Name: Curtis McKinney No: 534028 Unit: Wallace  
 Living Quarters: (K 216) Work Assignment: 1st Kitchen

DISPOSITION: (Inmate will not write in this space)

You were transferred to Robertson  
 10/19/98 for Medical treatment  
 and subsequently transferred to  
 Diagnostic and assigned here by  
 the Bureau of Classification in Huntsville.



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TO: 25 Henderson DATE: 10-11-99  
 (Name and title of official)

ADDRESS: Wallace Street Medical Administration

SUBJECT: State briefly the problem on which you desire assistance.

Dear Mrs. Anderson, I know that we've had our differences in the recent past. Please understand that I don't want to be a bother to you any more. Could you please tell me the reason that I was suddenly transferred from the Dick Warr Unit October, 1998.

I think you

Name: Charles McKinney No: 53428 Unit: Wallace  
 Living Quarters: K 216 Work Assignment: 1st Kitchen

DISPOSITION: (Inmate will not write in this space)

I have answered this already - that was not a medical transfer. One can only be at a transfer facility no more than 24 hrs. Possibly it was time to go to I.D. Will check @ Ware unit

I-60 (Rev. 11-90)

Refer to PHSA - B. Norton LWD 10-11-99

NO Anderson when I came to see if they remember what was for if anything.

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

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TO: Mr Palmer DATE: 7-1-04  
(Name and title of official)

ADDRESS: Classification

**SUBJECT:** State briefly the problem on which you desire assistance.

My name is Curtis McKinney #534028. You transferred me from over at the Dick Warden Unit due to the fact I felt my life ~~was~~ in danger after be threatened by L.T. Sulvin. Sergeant Morris had a statement made by Warden Weeland ~~also~~ major use of force was used plus the threats were ~~both~~ video taped October 8<sup>th</sup> 1998. I feel that I'm in the same life threatening situation with L.T. Sulvin being second shift here at Wallace and Sergeant Morris now being L.T. Morris here at the Wallace and Warden Weeland being Assistant over here also. I like for you to please transfer me do to the fact I feel my life is in the same danger.

Name: Curtis McKinney No: 534028 Unit: Wallace

Living Quarters: J10C217 Work Assignment: Garment forster

**DISPOSITION:** (Inmate will not write in this space) You were transferred due to Medical

Reasons. Your accusations will be documented and investigated by Unit Administration.

I-60 (Rev. 11-90)



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

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TO:

Medical Dept  
(Name and title of official)

DATE:

10-18-99

ADDRESS:

Wallace Unit Medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

I experienced a lot of constant pain in my lower back & legs. I've been having numerous in my back for the past four days. My pain is not going away. I've been in the hospital for the past four days. I feel that I have control completely of my lumbar.

Name: Christina M. Kimmey No: 534028 Unit: Willard  
 Living Quarters: 1C 214 Work Assignment: 2nd Kitchen

**DISPOSITION:** (Inmate will not write in this space)

ASC 10/20/99 @ 1500

I-60 (Rev. 11-90)

R Swann 10/19/99

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | <input type="checkbox"/> 5. Visiting List (Asst. Director of Classification, Administration Building)   |
| <input type="checkbox"/> 2. Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | <input type="checkbox"/> 6. Parole requirements and related information (Unit Parole Counselor)   |
| <input type="checkbox"/> 3. Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | <input type="checkbox"/> 7. Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| <input type="checkbox"/> 4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | <input type="checkbox"/> 8. Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: Medical Department DATE: 10-22-99  
(Name and title of official)

ADDRESS: Wallace Unit Medical Dept.

**SUBJECT:** State briefly the problem on which you desire assistance.

I am suffering from constant sharp pain in my mid lower back the pain is shooting down the back of my right leg. I am experiencing numbness in my buttocks it does not feel like I have full control of my balance when walking and first standing. The independent clinic ordered x-rays is not helping at all. This has been going on for 7 days now.

Name: Curtis McKinney No: 534028 Unit: WALLACE  
 Living Quarters: [REDACTED] Work Assignment: 1 Kitchen

**DISPOSITION:** (Inmate will not write in this space)

NSC 10-23-99 00320:

J. Dillon Luv

10-22-99 0815



**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. ☐ Quit Assignment, Transfer (Chairman of Classification, Administration Building)      5. ☐ Visiting List (Asst. Director of Classification, Administration Building)
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4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)      8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

2000 MAR 15 PM 1:43

TO:

Wallace Demist Department DATE: 3-14-00  
(Name and title of official)

ADDRESS:

Wallace Demist Demist Dept

SUBJECT: State briefly the problem on which you desire assistance.

A very painful knot has developed on my  
 gum under the tooth that was recently filled.  
 Am in sight down now. Please see me as soon  
 as possible due to this is a great deal  
 of pain.

Name: Christie McKinney No: 534028 Unit: W. Block  
 Living Quarters: J 216 Work Assignment: 1st Kitchen

DISPOSITION: (Inmate will not write in this space)

You have been scheduled for an appt.  
 Apple Dental 3/15/00

b (Rev. 11-90)

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
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|---|---|

2003 MAR 15 PM 1:44

TO: Medical Dept. DATE: 3-14-00  
 (Name and title of official)

ADDRESS: Wallace Unit Med De

**SUBJECT:** State briefly the problem on which you desire assistance.

I'm experiencing a great deal of sharp pains. I've been with out pain medication for four days and would like to have the naproxen 500mg refilled or ordered please.

Name: Curtis McKinney No: 534228 Unit: WALLACE  
 Living Quarters: [REDACTED] Work Assignment: Receptionist/Kitchen

**DISPOSITION:** (Inmate will not write in this space)

You have no injuries left for Naproxen.

C. McKinney

3/15/00

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Wallace Medical DATE: 3-18-00  
(Name and title of official)

ADDRESS: Wallace Medical Department

SUBJECT: State briefly the problem on which you desire assistance.

I am experiencing a great deal of  
lower and back pain, that going down both  
of my legs

200 MAR 20 AM 10:46

Name: Curtis McKinney No: 534028 Unit: W. Hall  
Living Quarters: 1216 Work Assignment: 1 Kitchen

DISPOSITION: (Inmate will not write in this space)

MSC 3-21-00 @ 0300

I-60 (Rev. 11-90)

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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5. ☐ Visiting List (Asst. Director of Classification, Administration Building)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Dr. Blalock DATE: 7-16-00  
(Name and title of official)

ADDRESS: Walden Unit medical

**SUBJECT:** State briefly the problem on which you desire assistance.

I'm having problems at work due to the fact that I've lost most of my grip on my right hand and can't hold water picks or trays due to weakness and loss of feeling in my right leg is dragging more. I've been suffering from sharp pains in my lower and back and pain in my stomach from the medication.

Name: Curtis McKinley No: 534028 Unit: WALLACE  
 Living Quarters: [REDACTED] Work Assignment: Kitchen

**DISPOSITION:** (Inmate will not write in this space)

NSC 7-18-00 @ 1500

J. Sharp Lun

7-17-00



# INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |  |  |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharged date, detainees-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|--|--|

TO: Medical Dept. DATE: 1-27-00  
(Name and title of official)

ADDRESS: Wallace Medical

SUBJECT: State briefly the problem on which you desire assistance.

I'm having a great deal of difficulties at work due to loss of grip on my right hand and still being ordered to handle extra objects that I'm only barely able to hold on to for 10 to 15 seconds at the most or face punishment. I suffered further injury 7-26-03 after dropping trays on my foot.

Name: Curtis McKinney No: 534028 Unit: WALLACE  
 Living Quarters: [REDACTED] Work Assignment: 1 Kitchen

DISPOSITION: (Inmate will not write in this space)

use 7-28-03 @ 1500

J. A. H. 7-27-03

I-60 (Rev. 11-90)

J0271

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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|---|---|

TO: Medical Dept DATE: 8-8-00  
 (Name and title of official)

ADDRESS: Wallace Unit Medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

I am framing a cliff with time getting up  
and down the stairs in my hindering area  
due to not being able to use the safety rail  
due to loss of grip in my right hand and right  
leg and foot causing me to walk in a slip foot manner.  
I have been planning to go up on the left side so that I  
can use the safety rail and come down on the right  
side so that I can use my left hand on the safety  
rail causing slower turning to back in the same  
old place which is right side up and left side down  
Name: Curtis M. Kinsey No: 534028 Unit: WAF/ACE  
Living Quarters: [redacted] Work Assignment: unsignad med

**DISPOSITION: (Inmate will not write in this space)**

You were seen by Doctor  
 for the problem. You were released  
 a day or ~~two~~ soon. Take meds as order  
 G. M. Mail 8-5-00

I-60 (Rev. 11-90)

00-5-B

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)      8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

Mrs. Anderson      DATE: 8-23-00  
 (Name and title of official)

ADDRESS:

Wallace Medical Administration

SUBJECT: State briefly the problem on which you desire assistance.

Dear Mrs. Anderson, Mr. Farmer has  
 provided me with information that  
 T. McKinnery was in full medical  
 transfer from the Diet to a unit  
 at 10:00, 9/8. Could you please provide  
 me with information pertaining to the  
 reason I was medically transferred. ~~He~~  
 As I said, I need the information  
 as to what I need to contact to find out  
 who I need to contact. Thank you

Name: Curtis McKinnery No: 534028 Unit: WALLACE  
 Living Quarters: F208 Work Assignment: U-A-M

DISPOSITION: (Inmate will not write in this space)

I talked with the DON at new unit - you were reassigned  
 due to hypertension - needed to be in unit with

24 hour medical unit.

NO Acknowledgment

8-24-00

I-60 (Rev. 11-90)

8/22/00 good

8/22/00 good

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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TO:

Dr. Walter

(Name and title of official)

DATE:

9-5-00

ADDRESS:

Wallace Unit Medical Department.

SUBJECT: State briefly the problem on which you desire assistance.

Could you please let me know what the status of the consentation is pertaining to the loss of abilities in my right hand etc.

The problem seems to be worsening due to I cant even write or complete letter with out my hand getting so weak and tired that I cant even write leg legible for longer the 5 minutes at the most. Also in the morning when I wake up I cant even feel my leg at times

Name: Curtis McKinney No: 534223 Unit: WALLACE  
Living Quarters: [REDACTED] Work Assignment: Special Cell Restriction

DISPOSITION: (Inmate will not write in this space)

you were just seen by MD/PA on 8/5/00, given Rest. no ~~test~~ repetitive use of hand, ~~after~~ no other orders @ that time

I-60 (Rev. 11-90)

9-5-00 J. Ackers 1380



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

# INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

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- |   |   |
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|---|---|

TO: Mrs. B. Anderson DATE: 7-8-00  
(Name and title of official)

ADDRESS: Wallace Unit Medical Administration

SUBJECT: State briefly the problem on which you desire assistance.

Due to the fact that I've suffered from a severe inner  
 tension of some sort that I suffered for at least ten months.  
 Due to the fact that I am currently on special call restriction  
 one and my cellmate forced to stay in the cell together and conduct  
 all of our personal business with the other in the cell. He  
 because as I was applying medical advice to the important  
 area which is in my personal and thought that sometimes I'm  
 was going on. After being forced to explain to him about the  
 medical problem I was having. He became even more  
 upset and made threats that one of us had to go before there was a problem.

Name: Curtis McKinney No: 534028 Unit: WPH/1101  
 Living Quarters: ~~WPH/1101~~ Work Assignment: Special collection

DISPOSITION: (Inmate will not write in this space) Due to I am suffering from limited physical  
 condition I am very afraid that I can't handle the  
 security was notified by self is afraid that I can't handle the  
 concerning your fear of "unable to handle yourself"

NO Endorsement  
 9-11-00

informed to PASHA  
 9-2-00 I got back  
 to indicate?

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

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- |  |   |
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|--|---|

TO:

Mrs. Anderson  
 (Name and title of official)

DATE:

9-6-00

ADDRESS:

Medical department

SUBJECT: State briefly the problem on which you desire assistance.

I'm trying to find out if I am still scheduled for the consultation the monitor as I was told by the doctor. The request was made at the beginning of last month.

Name: Curtis McKinnon No: 534028 Unit: Wallace  
 Living Quarters: 7202 Work Assignment: Special Cell Restrictions

DISPOSITION: (Inmate will not write in this space)

AN appointment date as yet - We have not received

McKinnon PM

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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TO:

*Medical*

(Name and title of official)

DATE:

*10-24-00*

ADDRESS:

*Salvador Morit Michael Dept.*

SUBJECT: State briefly the problem on which you desire assistance.

The sharp throbbingaching pains in my right hand and wrist to forearm has greatly increased. The inflammation is not helping out at all with the constant pain. I am constantly having a pain in the hand to the point that it is difficult for me to write. ~~on the hand~~

Name: Curtis McKinney No: 534028 Unit: WALLACE  
 Living Quarters: [REDACTED] Work Assignment: C/F 7am - 12pm

DISPOSITION: (Inmate will not write in this space)

NSC@0300 10/26/00

I-60 (Rev. 11-90)

T Kuether Jr 10/24/00

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

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TO:

Medical Dept Sick Call

DATE:

12-5-00

ADDRESS:

Medical Dept Sick Call

SUBJECT: State briefly the problem on which you desire assistance.

I am suffering from very sharp aching pain  
in my right hand wrist and forearm area also  
there is a great deal of burning in the area. I am  
afraid that I've worsened the nerve disorder that I  
suffer from at work this day ago. ~~Problems~~  
~~with the area and surrounding area~~ My boss told me  
to have you call him if I want the surgery.

Name: Curtis McKinney No: 534028 Unit: W-6  
Living Quarters: 6/F Work Assignment: C/F

DISPOSITION: (Inmate will not write in this space)

NSC 12-8-00 @ 1500 hr

Obroden T. N 12-7-00



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

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7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8. ☐ Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

*D. Concheros*  
(Name and title of official)

DATE:

*2-19-01*

ADDRESS:

*Address Medical Administration*

**SUBJECT:** State briefly the problem on which you desire assistance.

I'd like to know whether I and my family doctor need to contact about a possible medical transfer due to constant deterioration of my physical condition

It is so but we know your limitations I will proceed -  
M. Anderson

Name: Cynthia McKinnis No: 534028 Unit: WA/12e  
Living Quarters: 6106 Work Assignment: G-1F

**DISPOSITION:** (Inmate will not write in this space)

**REFER TO PHYSICIAN** - to qualify for medical transfer to medical facility!  
Must be having frequent treatments of some sort - Vision impaired hearing, Speech impaired - med. Occupational therapy, Physical therapy wheelchair - Walker - Unable to walk without crutches, cane - Unable to feed self, dress self, unable to negotiate stairs - a combination of these - Do you feel you qualify R. M. Anderson

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO:

D. Anderson  
 (Name and title of official)

DATE:

3-19-01

ADDRESS:

Medical Administration

**SUBJECT:** State briefly the problem on which you desire assistance.

Some of the reasons I feel that I should be medical transferred due to physical deterioration, my condition. I am a 33 year old male that suffered a previous spinal injury that left me diagnosed partial quadriplegia. I've constantly had to undergo physical therapy to keep my physical abilities. T.D.C. has records showing that I had to have physical therapy at Bethesda in 1990 & 1991. I've lost all my abilities in my right hand that was misdiagnosed as carpal tunnel syndrome after getting sent to Montfort Hospital due to my loss of abilities in my right hand. Dr. Duke him self stated that the is not any symptoms of carpal tunnel physically. Due to Montfort did not have knowledge of the previous spinal injury and the electric test revealed nerve damage I was misdiagnosed with carpal tunnel. I'm also suffering from complete loss of feeling in both legs when I wake up in the morning. And also when I get on the steel benches for a short time. I've also stated back to work slap fisted on my right side.

Name: Christian McKinnon No: 534028 Unit: Washington  
Living Quarters: C-106 Work Assignment: C-1F

**DISPOSITION:** (Inmate will not write in this space)

Neurology Consult. You submitted a follow up  
Neurology Consult - We will have to get the  
Referred to PHSA consult if it is approved to see if your  
condition is worsening - do you see from  
X-Hammond RN reviewing your records no transfer was  
seen thought necessary - M. Anderson  
3-21-01 3-22-01

I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
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TO: Medical Dept DATE: 5-14-01  
(Name and title of official)

ADDRESS: Wallace Unit Medical Dept

SUBJECT: State briefly the problem on which you desire assistance.

I'm experiencing A great deal of pain in my right hand and wrist. My ability to accurately use the hand due to weakness and pain.

2001 MAY 1 AM 5:23

Name: Curtis McKinney No: 534028 Unit: WALDEN  
 Living Quarters: [REDACTED] Work Assignment: C-F

DISPOSITION: (Inmate will not write in this space)

NSC on 5/15/01 at 0300

Jeffery LUN 5/14/01

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)</p> <p>2. <input type="checkbox"/> Restoration of lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)</p> <p>3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)</p> <p>4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711)</p> | <p>5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)</p> <p>6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)</p> <p>7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)</p> <p>8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)</p> |
|---|---|

TO: Medical DATE: 11-19-00  
(Name and title of official)

ADDRESS: Andrew Mont Medical Dept.

SUBJECT: State briefly the problem on which you desire assistance.

The sharp shooting pains in my back has gotten  
 alot worse. When I am forced to sit on the day room  
 bench over 5 minutes I have total feeling in both  
 legs to numbness. I lose my knee power in my  
 right leg every now and then. I constantly  
 suffer back pains down the back of my legs  
 and but more so in the right side then  
 left. My condition has greatly worsened and I  
 am afraid please help

Name: Curtis M. Kinsey No: 534028 Unit: WPA/Me  
 Living Quarters: [REDACTED] Work Assignment: CLF

DISPOSITION: (Inmate will not write in this space)

NSC appt 11-21-00 @ 0300

I-60 (Rev. 11-90)

J Taylor lun 11-20-00



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
|---|---|
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|---|---|

TO: Dr. L. A. C. DATE: 9-9-02  
(Name and title of official)

ADDRESS: West Unit medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

I Am suffering from constant sharp shooting pains that gaites from my neck down to the back of my right leg. My right shoulder and arm is numb with achin pain also my left shold is numb with the dull like achin. the sharp shooting pains also in the back of the right side of head. The I Brother isn't helping at all

Name: Curtis McKinley No: 534028 Unit: Neal  
 Living Quarters: C-103 Work Assignment: unassigned med

**DISPOSITION:** (Inmate will not write in this space)

276 ✓  
 done  
 9-10-02

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

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- |   |   |
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| <input type="checkbox"/> 4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | <input type="checkbox"/> 8. Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: Medical Dept DATE: 2/11/03  
(Name and title of official)

ADDRESS: Neal Unit Medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

My neck has become very sore on the surgery  
area. It's sore but it was right after surgery  
plus I'm having frequent sleep apnea  
up through the back of my head like a ~~massive~~  
migraine pain

Name: Charles McKinney No: 534028 Unit: Neal  
Living Quarters: ~~ANUB~~ Work Assignment: Lat. 1, 1g #2

**DISPOSITION: (Inmate will not write in this space)**

**FNP APPT SCHEDULED** *1700M.C.*

2020

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

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|---|---|
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|---|---|

TO: Medical Dept DATE: 2/19/62  
(Name and title of official)

ADDRESS: Neal Hunt Medical Dept

SUBJECT: State briefly the problem on which you desire assistance.

I'm suffering from a great deal of soreness in the surgical area of my neck and the sharp shoot pains has increased in my upper and lower back. I was supposed to be scheduled to be seen but never received a day - as

Name: Curtis McKinney No: 534628 Unit: NEL  
 Living Quarters: 114B Work Assignment: Utility #2

DISPOSITION: (Inmate will not write in this space)

492

NCL APPT. SCHEDULED

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

# INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
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|---|---|

*M*

TO: Dr. J. J. [Signature] DATE: 3-12-03  
(Name and title of official)

ADDRESS: Neal Street Med Department

SUBJECT: State briefly the problem on which you desire assistance.

Work Assignment

The physical therapy exercises that I was showned had told to do Feb 13 2003 has caused my lower lumbar area of my back to hurt alot worse as if the exercises has caused further injury to the area

Also I Am suffering from a great deal of pain in my neck and shoulder that also hurt down in my chest neck area' very bad like it hurt when I was handcuffed 8-30 and 8-31 2002. I Am very AFraid that something has went wrong with the 8-16-02 surgery

Name: Charles McKinley No: 534028 Unit: NCL  
Living Quarters: A11413 Work Assignment: Utility #2

DISPOSITION: (Inmate will not write in this space)

NCL APPT. SCHEDULED

452



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
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TO: Medical Dept DATE: 4/29/03  
 (Name and title of official)

ADDRESS: Neal Merritt Medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

I'm suffering from increased spasms in my neck area that was cut open for the C:spinal cord surgery also the pain in my lumbar area is not getting any better. The indometacin is not helping with the pain at all plus it's upsetting my stomach. Can it please be put back on the ~~top~~ <sup>bottom</sup> I Broke?

MINIMAL

Name: Curtis McKinley No: 534028 Unit: new  
 Living Quarters: A 114 Work Assignment: Utility #2 6-10

**DISPOSITION:** (Inmate will not write in this space)

**P.A. APPT SCHEDULED**

24

I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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- |   |   |
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TO: Medical Dept DATE: 9-3-02  
 (Name and title of official)

ADDRESS: Chronic Clinic of Medical Department

**SUBJECT:** State briefly the problem on which you desire assistance.

I've been suffering from a extreme head  
Ach for the past few day coupled with dizziness  
And my left head ~~aches~~ blurred vision And at times  
Felling of faintness

I have not had my chronic high blood  
pressure medication since 8-28-02 but have  
not time 9/3/02

Name: Justin McKinney No: 534028 Unit: NCA1  
Living Quarters: R4D Work Assignment: 4/4

**DISPOSITION:** (Inmate will not write in this space)

1031

I-60 (Rev. 11-90)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

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TO: Medical Dept DATE: 9-4-02  
(Name and title of official)

ADDRESS: Neal Unit medical

**SUBJECT:** State briefly the problem on which you desire assistance.

I've got sharp shoot pains going down my neck  
down to the back of my right leg which has  
A deep Aching pain. Also the Aching pains in both  
of my shoulders down to my elbow on the left side  
with numbness in both shoulders and right leg and foot.

Name: Robert Curtis Mackinnon No: 534028 Unit: NC1  
Living Quarters: ~~44-3~~ Work Assignment: 4441

**DISPOSITION:** (Inmate will not write in this space)

*(Signature)*

If you don't show up for your  
Nurse clinics there's nothing we can  
do.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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TO: Medical Dept DATE: 9/26/02  
 (Name and title/of official)

ADDRESS: Near Unit Medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

I am still suffering from a great deal of sharp shooting pain in the back of my head across my back to my right leg. My right arm and leg and left shoulder suddenly become very itchy in times and hurts real bad. He never medication isn't helping at all.

Name: Curtis McKinney

Living Quarters: K 110

534028 Unit: Near

Work Assign: UNASSIGNED

**DISPOSITION:** (Inmate will not write in this space)

760  
Dr

**NCL APPT. SCHEDULED**



TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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TO: Mr. Shelton DATE: 11/21/02  
 (Name and title of official)

ADDRESS: Ward Unit Medical Administration

**SUBJECT:** State briefly the problem on which you desire assistance.

My physical medical condition has deteriorated since I had my C-spine apical cord surgery August 16, 02. My arms and legs have weakened and I'm numb in my shoulders right arm and right leg coupled with sharp shooting pain that go up through the back of my head.

Name: Charles McKinley No: 534028 Unit: PU 01

Living Quarters: A107B Work Assignment: unassigned med

**DISPOSITION:** (Inmate will not write in this space)

P.A. app

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

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TO: Dr. Sacy (Name and title of official) DATE: 12/27/02

ADDRESS: Neal Mont medical Dept

**SUBJECT:** State briefly the problem on which you desire assistance.

Being forced to stand long periods of time in freezing temperatures increases to harsh Aching throbbing pains that I suffer from and my right leg numbness increases to the point that I feel like its going to collapse after it starts to Ach and tumb really bad and starts to weaken. I usually pick up the Ibuprofen at the window KUP. The medication does not stop the pain to begin with the Aches pain and suffering brought on by prolonged standing in freezing weather makes the problem worse Can you order my Full prescription keep from hurting will or is there any other that I need to contact about this problem before I end up hurt worse then I am due to numb and weakened legs.

Name: Christina McPherson No: 534028 Unit: DEA

Living Quarters: C122 Work Assignment: unassigned med

**DISPOSITION:** (Inmate will not write in this space)

Ibuprofen is a one card policy medication  
per TDCJ policy  
J. Morrison

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
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| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO:

Medical

(Name and title of official)

DATE:

12/30/02

ADDRESS:

Neal Unit Medical CC-17

**SUBJECT:** State briefly the problem on which you desire assistance.

I am experiencing sharp pain in my mid and lower back. Also I am having a great deal of pain down the back of my legs. These pains started 12/27/02 after I fell while carrying out of the shower due to my legs got very tired while standing in the shower showering. I've been having spasms with my legs being heavy and lately getting very tired and weak from walking and standing.

Name: Captain McKinstry No: 534228 Unit: NEA  
 Living Quarters: 122 Work Assignment: Mass assigned med

**DISPOSITION:** (Inmate will not write in this space) **NCL APPT. SCHEDULED**

*60 Dr*

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION  
**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO:

Medical Department

(Name and title of official)

DATE:

11-19-03

ADDRESS:

Neal Unit Medical Dept

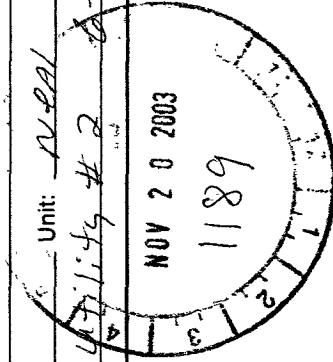
**SUBJECT:** State briefly the problem on which you desire assistance.

(Follow up) I Am suffering from a great deal of increased pain in my shoulders and left side of chest also pain has greatly increased in my tail bone Area and my legs. The Carmpazine is not helping at All I've also have been suffering from frequent headaches

Name: Curtis McKinley No: 534628 Unit: NEAL

Living Quarters: A103 B Work Assignment: Utility #2 8-10

**DISPOSITION:** (Inmate will not write in this space)



**P.A. APPT SCHEDULED**





## Texas Department of Criminal Justice

# STEP 2 OFFENDER GRIEVANCE FORM

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Neal Kn Housing Assignment: A114B  
 Unit where incident occurred: Neal

## OFFICE USE ONLY

Grievance #: 2003091139  
 UGI Recd Date: 3-10-03  
 HQ Recd Date: MAR 13 2003  
 Date Due: 4-14  
 Grievance Code: 601, 623  
 Investigator ID #: D  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of grievance number 2003091139 is the fact that due to Dr Lacy Administrator of Medical Mr. Sutton and Dr. Gonzalez ignoring neuro surgeon Dr. Maxwell for me to be physically rehabilitated as can be tolerated after having surgery on my C-spinal cord at levels 2-5 August 16, 2002 resulted in the regression of the limited physical abilities that I had regained after the spinal surgery that relieved the pressure off my spinal cord after a 4 year delay by Texas Tech medical personal. Due to the ignorance and/or disregard of Dr. Maxwell's orders I became very weak and uncoordinated in my upper and lower limbs which resulted in me falling in the shower 12/27/02 and severely hurting my lumbar area of my spine and or back due to the progression of weakness and loss of control of my upper and lower limbs. Coupled with the fact that a officer Howard would not give me the blue card shower chair (that I had previously reported 10/15/02 to Dr Lacy that I was having problems getting from officer which contacted Captain Aguirre and ordered that I be moved to A wing due to the built in handicap shower due the problems I reported to him with officer and the handicap chair 10/15/02 which Major Baker changed due to I complained of my celly homosexual activity in the cell with his boy friend. On or about 1/9/03 the physical therapist only displayed interest in the obvious pain and suffering that I was in due to the lumbar area injuries and still to this day 3/5/03 have not and/or did not mention any physical therapy ordered by neuro surgeon Dr. Maxwell for the C-spine abilities lost before and after surgery 8/16/02. On or about 1/9/02 I was not examined until the chain bus had arrived

~~to pick us up and give a choice to let him try and get me pulled off the chain due the the lumbar injuries from the shower fall 12/27/03 and stay there over the week-in and do nothing or he Trevino would have me brought back as soon as possible the next week he stated due to I could barely walk I session on any physical therapy on the under undiagnosed lumbar injuries.~~

IF a offender refuse treatment a refusal is generally signed and if I refused why was I finally brought back 2/13/03 and again only examined for the lumbar injuries that have not been diagnosed which I requested the M.P.I or CAT scan to diagnose when I finally was called back for physical therapy I was again only examined for the lumbar injuries and showed exercises for the undiagnosed lumbar injuries which is causing aggravation to the lumbar injuries. I have not recieved or been examined for c-spine or carpal tunnel

Offender Signature: Curtis McKinney

Date: 3/5/03

#### Grievance Response:

2003091139

McKinney, Curtis

534028

Review of your Step 1 grievance reflects that you failed to provide specific information, such as current dates. The dates of 1998 and the past 4 years greatly exceed the time limits for filing a grievance, refer to the Offender Orientation Handbook for time limits. Review of your clinical record documentation, based on the date your Step 1 grievance was received, reflects that you were sent for physical therapy on 1-9-03 but refused to stay because you wanted to go back to your unit of assignment and pack your property. On 2-13-03 you were again seen in physical therapy with a follow up ordered in 6 to 8 weeks. You have not been refused physical therapy; you initially refused the ordered treatment. While you have the right to refuse medical care and/or treatment, such refusals can have a negative effect on your overall health and the provider's ability to properly treat you. Clinical decisions are the responsibility of the contracted university providers, who are not supervised by the TDCJ Health Services Division. If you have a concern about the clinical decision made at the facility level, you may wish to direct that concern to the appropriate university official. In this instance, that is William Gonzalez, M.D., Medical Director, Texas Tech Correctional Managed Health Care, 3223 South Loop 289, Suite 210, Lubbock, Texas 79423. If your complaint is specifically against William Gonzales, M.D., you may wish to direct that concern to the Correctional Managed Health Care Committee, 1300 11<sup>th</sup> Street Suite 415, Huntsville, Texas 77340. Action through the grievance mechanism is not currently warranted.

Signature Authority: [Signature]

Date: 4-1-03

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

**Anita Shabaaz, F.N.P., M.S.N., M.P.H.**  
**Director of Clinical Services**  
**TDCJ Health Services Division**

CGO Staff Signature: \_\_\_\_\_

#### OFFICE USE ONLY

##### Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003091139  
 Date Received: 1-23-03  
 Date Due: 3-4-03  
 Grievance Code: 601,623  
 Investigator ID #: I0312  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: MAR 04 2003

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Neal Housing Assignment: A1-14B  
 Unit where incident occurred: Neal

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. Lucy, Mr. Shelton, Dr. Gonzales When? 11/21/03

What was their response? would try to get rehab approved

What action was taken? None Delayed until further injured

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Dr. William Gonzales has knowingly and intentionally causing me a great deal of severe unnecessary water infliction of pain suffering and injury due too his repeatedly shown deliberate indifference too my severe medical needs and orders. Neuro surgeon Dr. Markie Maxwell plainly stated that I needed physical rehabilitation as can be testified five months ago after I had major surgery on my lower C-spinal cord. I lost a great deal of motor skills and coordination before and after the spinal cord surgery due too Dr. Gonzales and Texas Tech medical science personnel ignored and delayed the much needed spinal surgery for (4) years due too their disregardance of the personal medical records that I provided provided them from Arlington Memorial Hospital in 1998 that showed that I had suffered a neck injury that had and/or left me partly quadriplegic by refusing too order a M.R.I. of the previously injured area that was most likely the cause of the problem of loss of abilities that I was complaining of for 4 years.

Due too Dr. Gonzales playing w and games by stating that the plainly stated order for me too be physical rehabilitated as can be testified can be interpided too mean wamthing els. I've suffered a very severe injury too my lower back after falling in the shower while attempting too get out due too the handicap shower chair that was precrib

~~too me by Dr. Lacy was taken by a officer Howard even though I had a medical blue card too have it and would not give it back too me too take a shower. Due too the now over five month delay in getting the physical rehabilitation ordered by the ~~neuro surgeon~~ surgeon by Dr. Gangulas and Texas Tech medical ~~person~~ personal I've lost a great deal of strength coordination and mobile skills which has resulted in me falling and severely injuring my lower ~~to~~ back. Also I've suffered a gear set back in my spinal surgery recovery due too injuries suffered at the hands of untrained officer in dealing with an acute condition that I suffer due too me being sent back too the unit unsehabilitated as ordered by Dr Maxwell by Texas Tech medical Staff.~~

**Action Requested to resolve your Complaint.**

~~Have a M.R.I and a CAT scan taken of lower back in a attempt too diagnose the pain and injury too my lower back. Be med. cally transferred from under the care of Texas Tech medical Care. Receive extensive physical therapy and a rehabilitation need too be able too go on too live a possible normal life.~~

Offender Signature: Curtis McKinneyDate: 1/2/03**Grievance Response:**

You have already had surgery on your back so I am not sure as to why you are requesting a cat scan or MRI. As far as physical therapy, Dr. Maxwell's discharge summary states gradual advance to activity and physical therapy as tolerated. Dr. Lacy referred you to physical therapy when he felt you were ready. You were seen by physical therapy on 1-9-03 and refused to stay, stating that you wanted to return to your unit of assignment to pack your property. This office must defer to the medical expertise of the physician's treating you and also to defer to your request to refuse treatment.

Signature Authority: DL Cole**DL COLE**Date: 03-03-03

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution.\*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

**OFFICE USE ONLY****Initial Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department of Criminal Justice  
**STEP 2** **OFFENDER**  
**GRIEVANCE FORM**

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Estelle Housing Assignment: D-2-104  
 Unit where incident occurred: Same

OFFICE USE ONLY	
Grievance #:	<u>2004093962</u>
UGI Recd Date:	<u>MAR 31 2004</u>
HQ Recd Date:	<u>APR 02 2004</u>
Date Due:	<u>5-5</u>
Grievance Code:	<u>623</u>
Investigator ID #:	<u>R</u>
Extension Date:	

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

The Carpitunal surgery and the C-spinal cord surgeries were done August 16, 2002 and the neuro surgen order PT and OT to begin as soon as possible but Dr. Gonzalas and the Texas Tech medical personal disregarded the order and refused to give me the physiscal and occupational therapy order for A proper recovery.

Due to the refusal to follow the the specialist orders I start to regress in my physiscal abilities and fell in the shower which caused serious injury to my lower back Dec, 2002.

Due to a Oct, 2003 M.R. I showed pinched nerves that I suffered during a August 30/31, 2002 use of force I request to try physiscal and occupational therapy Jan 2004 rather then have another C-spinal cord surgery which would have re required the front of my neck to be cut open to apper operate on the pinched nerves.

Dr. Gonzal and the Texas Tech medical staff never complied with the neuro surgeons orderes and didnot transfer me to have the physiscal and occupational therapy.

APR 02 2004

Due to the disregard of the surgeons orders I am having  
a very difficult in the OT/PT due to the year and a  
half delay.

Offender Signature: Curtis McKinney

Date: 3/30/04

Grievance Response:

2004093962

McKinney, Curtis

534028

The review of your grievance, regarding your allegation that you have been denied physical therapy as ordered by the neurosurgeon, indicates an appropriate response at Step 1. You have been assigned to the Estelle Facility since 2/5/04, where you are presently participating in physical and occupational therapy. Issue resolved at the facility level. No further action is required through the grievance mechanism.

Signature Authority: Guy Smith

Date: 4-7-04

Guy Smith  
Program Admin. 111-OPS

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

I-128 Back (Revised 9-1-2001)

#### OFFICE USE ONLY

##### Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2004 093962  
 Date Received: JAN 28 2004  
 Date Due: 3/8/04  
 Grievance Code: 623  
 Investigator ID #: 1076810909  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: MAR 04 2004

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Wynne Housing Assignment: A2-119-B  
 Unit where incident occurred: Neal

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. William Gonzalas When? Sep-02 - 1-2004

What was their response? He interpreted the order to mean something different

What action was taken? I've been left disabled and suffering for over 1 year 1/2

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

After having right hand carpitunal surgery and major spinal cord surgery at levels C-2 C-3 C-4 and C-5 I was prescribed physical therapy rehabilitation by the neuro surgeon.

In violation of AD-06-07 Sections 499.102(a)(7) and (8) 501.051 and 501.059 Texas Government Code Dr. William Gonzalas refused me acces to the health service by stating that he interpreted the neuro surgeons orders to mean other then what it stated.

Dr. Gonzalas stated that my very limited daily moving about was all the physical therapy that I needed to recover from the physical impairment abilities

My physical condition has not gotten any better and has regressed sence haing the August 16, 2002 Surgeries and I've suffered daily phisically and mentally due to the regress limitations due to I be beleaved Dr Gonzalas and followed his orders and has greatly suffered phisically and mentally to this date 1-27-04

**Action Requested to resolve your Complaint.**

(1) Investigate the reason that Dr. Gonzalas interfered with the orders of the neuro specialist when he is with out sophistication in the neuro branch of the medical field which has resulted in me greatly suffering phisically and ment-ally (2) Recieve the phisical therapy ordered by the neuro Surgeon

Offender Signature: Curtis McKinneyDate: 1-27-04**Grievance Response:**

McKinney, Curtis TDCJ-ID # 534028

Griev # 2004 093962

This office defers to the professional opinion of the medical department in this matter. The medical department investigated this matter and stated: This offender was medically assigned to the Estelle Facility where he can receive OT/PT needed.

ASST.  
WARDEN  
JOHNSON

**Signature Authority:**Date: 3-3-04

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

**Returned because: \*Resubmit this form when corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

**OFFICE USE ONLY****Initial Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Gurtis McKinney TDCJ # 534028  
 Unit: neal Housing Assignment: A114B  
 Unit where incident occurred: neal

## OFFICE USE ONLY

Grievance #: 2003120574  
 UGI Recd Date: 4-21-03  
 HQ Recd Date: APR 28 2003  
 Date Due: 5-26  
 Grievance Code: 611,643  
 Investigator ID #: D  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of this grievance #2003120574 is the fact that I was never physically rehabilitated as the neuro surgeon order of having surgery on my C-spinal cord and carpitunal surgery on my right hand. A review of my medical records will show that I never recieved and sort of excersises or phyiscal therapy in any form for the August 16, 2002 surgeries. January 9, 2003 the phyiscal therapist did not get around too see me until the Chain bus was there too pick us up and only examined me for the exstream pain that I was in due too the injury too my lumbar that I suffered Dec 27, 2002, ~~later~~ too Dr Lacy's orders for me too be housed on A wing with the built in handicap shower that was ordered Oct, 15, 2002 due too I was having too many problem with getting the portable handicap chair from ~~the~~ the officers. When I fail in the shower due too regression in my physical abilities due too not being phyiscal, physically rehabilitated as ordered after I had lost a geat deal of physical abilities due too the (4) four year delay in schedualling of the spinal cord surgery when they Texas Tech had free world medical records that show that the previous injury too my C-spine was most likly the core of my problems that the ignored for the (4) years.

January 9, 2003 stated that he was going too have me put back on the Chain as soon as possible too come back for phyiscal therapy. I never refused therapy which would have required me too sign a refusal accordding too policy. In fact I had too file a grievance too be brought back after he did not bring me back as he stated he

was going to do. When I went back Feb. 13, 2003 the therapist only displayed interest in the lumbar injury that I had suffered due to the great delay in and/or due to the neurosurgeons order being ignored and the misconduct of Major Baker at the real unit which changed the doctors orders in retaliation to me filing a complaint. A review of my medical records will show that the Feb. 13, 2003, exercises were for the lumbar not for the C-Spinal area and the right hand capitulum was not mentioned at all. There is know were in my medical file that shows where I've recieved any exercises for the c spine or my right hand as ordered by neurosurgeon Dr. Maxwell nor is there a refusal that that I supposedly signed. Health Services and Procedures, Governance and Administration Policy 0.1 Access to care Policy 0.2 Responsible health Authority A-02.1 and A-03.1 Policy 29 and Policy E-402 are being violated

Offender Signature: Curtis McKinney Date: 4/20/03

**Grievance Response:**

2003120574

McKinney, Curtis

534028

Review of your Step 1 grievance reflects that you have failed to provide specific information, such as current dates, to enable investigation at this level. Review of grievance records reflects that the issue of your alleged delay and/or denial of physical therapy previously received an appropriate review; refer to the response received for Offender Grievance number 2003091139. Action through the grievance mechanism is not currently required.

Signature Authority:

Donna Vallie

Date: 5-19-2003

**Donna Vallie**  
**Inv. V-OPS**

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

**Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003120514Date Received: 3-7-03Date Due: 4-16-03Grievance Code: 611, 643Investigator ID #: 10312

Extension Date: \_\_\_\_\_

Date Retd to Offender: APR 14 2003

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Neal Housing Assignment: A114B  
 Unit where incident occurred: Neal

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Mr. Sutton, Dr. Foley, Dr. Comolus, Tremino When? 3/3/03 & 2/13/03

What was their response? Examined given exercises for undiagnosed lumbar <sup>injuries</sup> injuries,

What action was taken? Still have not been examined or rehabed for C-spine and carpal tunnel

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Due to Texas Tech ignored and or disregarded neurosurgeon Dr. Maxwell's orders for me to receive physical therapy as can be tolerated to rehab my right hand for carpal tunnel surgery and the loss of ability abilities lost due to delay in C-spine surgery & surgery 8/16/02

I've suffered from a great deal of pain and suffering from a undiagnosed lumbar injury that I suffered 12/27/02 due to I lost a great deal of the limited abilities and strength in my lumbar which resulted in the undiagnosed lumbar injuries

On Jan 9, 2003 when finally sent to be examined for P.T. Mr. Tremino did not see and/or examine me until the chain bus had come and he stated that he could try to get me pulled off the chain or he would get me brought back as soon as possible the following week after he Tremino examined and noted the chronic pain and injury from the lumbar injuries which he only examined me for when I was over there to be examined for physical therapy for the carpal tunnel and C-spine injuries that I received and order physical therapy by neurosurgeon Dr. Maxwell that has been ignored and or disregarded to this day 3/5/03 which resulted in the undiagnosed lumbar injuries which I was given exercise exercises for 2/13/03 when I finally got called back for P.T. after filing a grievance 1/21/03.

Again I have not yet been examined and/or received any physical therapy for the 8/16/02 computer and C-spinal cord surgery that Dr. Maxwell ordered.

Feb 13, 2003 appointment I attempted to tell P.T. Trevino of the fact that I was there for a to be examined for the P.T. that Dr Maxwell order but he did not display any interest possibly due to the 1/2/03 grievance filed on Dr. Gonzalez.

We should me exercises for the undiagnosed lumbar injuries and ordered me to do them which has caused a great deal of pain and aggravation too the undiagnosed injury a claimed has was going order a foot brace for drag foot

Action Requested to resolve your Complaint.

Be examined and receive physical therapy for for the computer and C-spine surgery that Dr Maxwell ordered. Have M.R.T and/or CAT scan to diagnose the lumbar injuries suffered 12/27/02 fall due too negligence in following the neuro specialist Maxwell written orders.

Offender Signature: Curtis McKinney

Date: 3/5/03

#### Grievance Response:

Your medical records indicate that you were seen by Physical Therapy on 1-9-03 and that you refused to stay at Montford. You were seen again on 2-13-03 where you were given and taught exercises for you to perform. A follow up visit has been scheduled. This office must defer to the Physical Therapist is providing the appropriate exercises for your condition and to schedule a follow-up appointment to monitor your improvement after performing the exercises.

Signature Authority: D.L. Cole

**D.L. COLE**

Date: 4-13-03

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. No documented attempt at informal resolution.\*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.\*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible.\*
- ☐ 11. Inappropriate.\*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

#### OFFICE USE ONLY

##### Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 2<sup>nd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 3<sup>rd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: MS KIMMY-CURTIS  
TDCJ No.: 571028  
Unit: New

Date & Time	Notes
8/29/02 1300	Chained into V lat unit <i>[Signature]</i>
8/29/02 1230	walk in to clinic. % needing Blue card for TENS unit & neck brace. Had Cervicle laminectomy & surgery for carpal tunnel 8/16/02. midline incision @ back of neck healing well. steri strips intact -- No drainage noted. Incision on Rt. hand healed well. No drainage or redness noted. ① Blue card for neck brace & TENS unit until seen by MD. ② Flu c MD 8/30/02. <i>[Signature]</i>
8/29/02 1240	Blue card issued for neck brace & TENS unit. Blue card issued to RTC in A.M. for Flu, orders noted. <i>[Signature]</i>
8/30/02 0930	<i>[Signature]</i> Here for MD Flu on neck brace & tips - VLS 9849-11-10/98 int-29 <i>[Signature]</i> Had Cervical disc Surg 3 levels 8-16-02 On TENS unit - Neck brace to be worn 3mo Wound healed OK - Feels better - Also had Carpal tunnel on Rt - healing OK A Cervical disc disease + Carpal tunnel P Instructed w/ROM - Tens unit Blue card Med Unassigned - <i>[Signature]</i> for 3 months Ret 3 months ✓

**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McKinney, Curtis  
 TDCJ No.: 534028  
 Unit: Neal

Date & Time	Notes
8/30/02 0438	trans unit, neck brace blue Card issued to IP 11/30/02 <i>[Signature]</i>
8-30-02	11:30 - Flashed m.d. on 10/30 <i>[Signature]</i> Emergency
8/30/02	11:30 - Oldus noted. <i>[Signature]</i>
8/30/02	1630 BCB in primary cp increased pain due to being hand cuffed by an officer. Visible signs of injury. Gait steady. Facial expression - smiling. Cont to take meds per dr order & if pain increase return to clinic or drop SCR if needed. <i>[Signature]</i>
8-31-02 1315	Escorted to medical for PHD physical T- 96°, P- 104, R- 24, BP. 215/132 PHD physical done. Injuries noted. No pain to wrist bilat due to handcuffs & to back due to positioning of arms - being cuffed. Sgt Harrington able to place his fingertips between offenders wrist & the cuffs. On duty here - assessed offender - obvious reason for discomfort, Tense neck back in place. Released from <del>medical</del> medical to security. <i>[Signature]</i>

000019

**Action Requested to Resolve your Complaint.**

*Refer to Inspector General Warden Cole  
Major Baker Regional & District Hearing Officer*

**Offender Signature:**

*Paula M. M. M. M.*

**Date:**

*9/1/02*

**Administration's Decision**

- ☐ Mandatory referral to IAD (Grievance worksheet attached)
- ☐ No action warranted (Explain).

Your grievance is being forwarded to the Central Grievance Office for coordination with the Office of the Inspector General Investigative Division.

**D.L. COLE**

**Signature Authority:**

*D.L. Cole*

**Date:**

*11-12-02*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the Step 1 response. State your reason for appeal on the Step 2 form.

**Returned because:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Grievable time period has expired.             | <input type="checkbox"/> 6. No requested relief is stated.*  |
| <input type="checkbox"/> 2. Submission in excess of 1 every 7 days*        | <input type="checkbox"/> 7. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.   |
| <input type="checkbox"/> 3. Original not submitted*                        | <input type="checkbox"/> 8. The issue presented is not grievable.  |
| <input type="checkbox"/> 4. Inappropriate/excessive attachments*           | <input type="checkbox"/> 9. No remedy exists.  |
| <input type="checkbox"/> 5. No documented attempt at informal resolution.* | <input type="checkbox"/> 10. Illegible/Incomprehensible*   |
| *You may resubmit this issue once corrections are made.                    | <input type="checkbox"/> 11. Inappropriate (request is for employee disciplinary action or consequential or punitive damages). |

I-127 Back (9/1/1999)

UGI: \_\_\_\_\_

000087



Texas Department of Criminal Justice

## STEP 2 OFFENDER GRIEVANCE FORM

Offender Name: Curtis McKinney TDCJ # 534628  
 Unit: Ne Al Housing Assignment: C 122  
 Unit where incident occurred: Ne Al

## OFFICE USE ONLY

Grievance #: 2003056359  
 UGI Recd Date: 1-14-03  
 HQ Recd Date: JAN 17 2003  
 Date Due: 278  
 Grievance Code: 000  
 Investigator ID #: 20258  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

Due too I had too file complaint #2003056359 in a attempt too present further problems in between me and my cellie due Major Baker and Mrs Southern Mrs Southern ignored the report I made too then that could have lead too serious injury too me due too medical problems that I already suffer due too a major spinal cord surgery on the area of the spinal cord that stem off too my back.

Out of retaliation too me having too file the complaint Major Baker moved me off of A wing with the built in handicap shower with the empty toilet tank after it was brought too her attention that the unit doctor had requested that I be placed on A wing for the shower by Capt Aguirre that I was over there on A wing for the handicap shower.

Major Baker told Capt Aguirre too tell me that I could stay in the cell with the person that was causing the problem due too him having his homo sexual boy friend in a cell for homo sexual reasons which should have resulted in them being separated too different wing wings too prevent such acts.

Major Baker handled the problem in a racist manner due too the problem was in between two black inmates due too there are some some instances and for not more



as abuse as mine that involve conviction inmates that get prompt response with having to file complaint and are handle in a better qualification manner.

DEPT. ASST. Major Baker abusing his authority and changing the doctor's orders for me to be house on A-wing with the bandage shower with the rails after I had problems on C-wing in Oct 2002 with the shower chair. I've suffered unnecessary and unwanted infliction of pain and suffering after falling in the shower while attempting to get out due to a Co. officer Howard took the shower chair 12/27/02 which is one of the problems that I had reported to Dr. Sacy in Oct which made him request A-wing housing.

Offender Signature: Curtis McKinleyDate: 11/12/03

Grievance Response:

Appropriate action was taken at the unit level in regards to your life endangerment claims. Further investigation reveals you have been re-housed to A-Wing. No further action is warranted.

Signature Authority: D. F. FONDREN

D. F. FONDREN

Date: FEB 04 2003

FEB 04 2003

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

I-128 Back (Revised 9-1-2001)

## OFFICE USE ONLY

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

000089



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003056359  
 Date Received: 11-27-02  
 Date Due: 1-6-03  
 Grievance Code: 000  
 Investigator ID #: 10312  
 Extension Date: 1 JAN 06 2003  
 Date Retd to Offender: 1 JAN 06 2003

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: 1202 Housing Assignment: A107B  
 Unit where incident occurred: 8302 C122

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt. Southern and Warden My Baker When? 11/18/02

What was their response? Contact Mrs. Southern

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Mrs. Southern has knowingly and intentionally placed my life and/or well being in great danger due to negligence and racist actions due to on 11/18/02 I reported to Mrs. Southern that I've been having some problems with my celly inmate Williams a known homosexual that has been harassing him day, friend come in and tell for what ever they do. I spoke with him and he stated that he was not going to stop. Due to I am a muslim and recently had a major surgery on my spinal cord at the area that stems off to my brain 3/16/02 and could easily be paralyzed or killed due to lack of abilities some of my muslim brothers tried to get involved and due to him has been on the unit a long time he has a lot of friends that want to get involved which can turn in to a major black on black incident. When Caucasian Caucasian inmates complain about the alleged unfounded complaint about these celly they are quickly silenced before it results into violence.

Mrs. Southern is in direct violation of P.D. #21 Discrimination against persons as protected class due to African American inmate problems a leased over and has disregarded due to lack of concern for them hating one another. P.D. #5: Risk to Life and Limb has been violated due to Mrs. Southern knowing from separate and medical records that I had a major spinal surgery at the area that stems off to my brain 3/16/02 and could easily be killed or paralyzed from a physical confrontation. P.D. #8 Failure to follow proper safety procedures plus her legal duty to protect

(7th Cir 1992)

offenders as in Swafford v. Mandrell 969 F.2d 547, 549, Butcher v. Doud  
 979 F.2d 641, 675 (8th Cir 1992) P.O. #7. Substantiated duty performance  
 level (4) due to Mrs. Smith has repeatedly ignored a possible un-  
 just and deadly incident after I reported it to her. I feel strongly  
 that this is an act and/or another act of retaliation of this admin-  
 istrative chief due to I've had to file 62 complaints on unjust  
 causing officials after being assaulted by a officer 8/30/02 and a un-  
 justified major use of force by St. Brown and then suffered another  
 unjustified use of force by St. Brown and Sgt. Hinkle 8/31/02 for filing  
 a incident report 8/30/02 on the 8/30/02 incident and upon written  
 letter 8/31/02 and placed in medical custody with no necessary offender PD 1228.23

**Action Requested to resolve your Complaint.**

I am in to the tracking system for investigation of directors  
 and agents. I investigate by inspection general office coordinator.  
 Refer to IAD team with me. Place on file for CIA justice. Fellow  
 of human rights. Investigated by the NAACP. Mrs. Smith is one of our  
 due to her boyfriend is working in this cell.

Offender Signature: Charles McKinnon Date: 11/22/02

**Grievance Response:**

Your grievance was thoroughly investigated and records indicate you  
 were moved on 11-27-02. No further action deemed necessary.

**Signature Authority:**

M. Munselle M. MUNSELLE

Date: 1-4-03

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

**Returned because: \*Resubmit this form when corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. No documented attempt at informal resolution.\*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.\*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible.\*
- ☐ 11. Inappropriate.\*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

**OFFICE USE ONLY**

<b>Initial Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

000091



## Texas Department of Criminal Justice

STEP 2, OFFENDER  
GRIEVANCE FORM

Offender Name: Marvin Curtis McKinney TDCJ # 5341228  
 Unit: Neal Kn Housing Assignment: A114B  
 Unit where incident occurred: Neal

## OFFICE USE ONLY

Grievance #: 2003091139  
 UGI Recd Date: 3-10-03  
 HQ Recd Date: MAR 13 2003  
 Date Due: 4-14  
 Grievance Code: 601, 623  
 Investigator ID #: D  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of grievance number 2003091139 is the fact that due to Dr Lacy Administrator of Medical Mr. Sutton and Dr Gonzalez's ignoring neurosurgeon Dr. Maxwell for me to be physically rehabilitated as can be tolerated after having surgery on my C-spinal cord at levels 2-5 August 16, 2002 resulted in the regression of the limited physical abilities that I had regained after the spinal surgery that relieved the pressure off my spinal cord after a 4 year delay by Texas Tech medical personal. Due to the ignorance and/or disregard of Dr. Maxwell's orders I became very weak and uncoordinated in my upper and lower limbs which resulted in me falling in the shower 12/27/02 and severely hurting my lumbar area of my spine and or back due to the progression of weakness and loss of control of my upper and lower limbs. Coupled with the fact that a officer Howard would not give me the blue card shower chair (that I had previously reported 10/15/02 to Dr Lacy that I was having problems getting from officer which contacted Captain Aguirre and ordered that I be moved to A wing due to the built in handicap shower due to the problems I reported to him with officer and the handicap chair 10/15/02 which Major Baker changed due to I complained of my celly homosexual activity in the cell with his boy friend. On or about 1/9/03 the physical therapist only displayed interest in the obvious pain and suffering that I was in due to the lumbar area injuries and still to this day 3/5/03 have not and/or did not mention any physical therapy ordered by neurosurgeon Dr. Maxwell for the C-spine abilities lost before and after surgery 8/16/02. On or about 1/9/02 I was not examined until the chain bus had arrived



Texas Department of Criminal Justice

## STEP 2 OFFENDER GRIEVANCE FORM

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Neal Housing Assignment: Utility #2  
 Unit where incident occurred: Neal

OFFICE USE ONLY	
Grievance #:	<u>2003086838</u>
UGI Recd Date:	<u>3-5-03</u>
HQ Recd Date:	<u>MAR 11 2003</u>
Date Due:	<u>4-9-03</u>
Grievance Code:	<u>200,804</u>
Investigator ID #:	<u>20258</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">D</span>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of this grievance is the fact that Major Baker knowingly and intentionally ~~change~~ change the doctor orders for me to be housed on A wing due to the fact that I have a built in handicap shower after I reported problems that I was having with the portable handicap shower chair Oct 15, 2002 see medical records (Dr. Lacy orders). After Major Baker and Mrs. Southern ignored the T-66 report that I reported the fact that me and my celly were having problems live too he is a known active homosexual that was having sex with his boy friend in our cell and was attempting to avoid physical confrontation so I filed a grievance on Mrs. Southern.

After receiving a move slip the evening after I filed the grievance the move from A-102P to C-105P. I went to Capt Aguirre which medical contacted 11/23/02 and ordered that I be moved from C-113P to A-102P during due to the built in handicap shower. Capt Aguirre called Major Baker (which authorized the move) and reported the fact that I was ordered moved on A wing by medical for the needed medical shower. I reported the celly problem before it got out of control as it was not a problem for me to stay on A wing in fact it seemed logical for the two homosexuals to be separated due to the illegal sexual activity would continue.

Major Baker told Capt Aguirre to tell me that I could stay in the cell with the problem or move to C wing which the doctor had ordered me moved off due to medical needs.

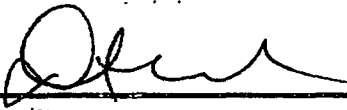
Dec 27, 2002 I failed trying to get out of the shower due to my legs got very weak which is why the handicap shower was needed due to the need wait medical department disregarded the nurses nurse supervisors orders for me to be physical rehabilitated after having a major spinal cord surgery C6/7 level 16 and the limited physical activities had greatly deteriorated even further due to their negligence. And prison officer Howard would not give me the shower chair too use in the limited shower time we have on medium which is one of the problems I reported 6/13/02. When I finally was sent to physical therapy evaluation I was breathing really bad from the 12/27/02 shower lower back injury I had and could hardly walk the therapist gave me a chair to sit on the machine and he was telling me to look the rest of week when I would get around better.

Offender Signature: Curtis McInnis Date: 3/2/03

Grievance Response:

You were correctly advised at the unit level. No action is warranted.

Signature Authority:

  
**D. F. FONDREN**

Date:

**MAR 20 2003**

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

I-128 Back (Revised 9-1-2001)

**OFFICE USE ONLY**Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

000105



## Texas Department of Criminal Justice

## STEP 1 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003086838Date Received: 1-15-03Date Due: 2-24-03Grievance Code: 200,804Investigator ID: 10312

Extension Date:

Date Ret'd to Offender: FEB 21 2003Offender Name: Curtis McKinney TDCJ #: 534028Unit: meal Housing Assignment: C 122BUnit where incident occurred: meal

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt. Southern, St. Bernard Medical When? 12/22/02 - 12/28/02

What was their response? wouldn't hear it out / Scheduled to see the neuro surgeon

What action was taken? none / Scheduled to be examined

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I have suffered unnecessary and intentional inflictions of pain due to Major Baker's deliberate indifference to my serious medical needs due to she willfully and intentionally abused her authority by changing Dr. Lucy's order for me to be moved from Cwing around on about October 15, 02 to A wing which has a built in handicap shower with rails due to the fact I've been rapidly losing strength and ability in my upper and lower limbs and coordination due to not being physically rehabilitated after having a major spinal cord surgery 8/14/02. Dr. Lucy ordered for me to be moved to A wing due to increase in the deterioration of abilities and the A wing shower has handicap rails plus due to problems that I was having with getting the handicap chair from officers and sanitary problems with officer using it for a foot stool due to a number of times foot prints and some sort of chemical substances being on the chair when I get it out of the picket and I don't have any access to disinfectant. Major Baker retaliated on my having to file a grievance complaint after I reported homosexual activity that was causing conflict with me and my celly due to he was having his boy friend in our cell while I was at Ramadan service and Mr. Southern and Major Baker fail to respond to the report that was leading to serious physical conflict (see grievance # 2003056359). Capt Augustine

I-127 Front (Revised 9-1-2001)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

000106

reported to Major Baker 9/27/02 the fact that I had been injured too A wing by medical request due to the need for the handicap shower. Major Baker told Capt Aguirre to tell me that I could stay in the cell with the person that I was having problems with or move back to C wing which does not have the built in handicap shower with the rails that I used to keep my backside while standing in the shower. Tentative resolution PD 22 # 37, PD 22 # 23 and 339.04 violating my civil rights. I am suffering severe bodily injury due to I fell attempting to get out of the shower due to I did not have the rails too hold and a officer turned back to the blue card shower chair 12/27/02 and would not give it to me as I previously had the 11- Action Requested to resolve your Complaint. Call me in too get copies of witness statement on file enter in the outstanding system for investigation of inspector General Place on file for CIA James Fellowship of human rights watch and the NAACP Be review for unit transfer due to constant abuse and actualization that I constantly suffered at the hand of a military administration and I am in great fear of further retaliation due to this complaint

Offender Signature: Charles McKinney Date: 1/16/03

## Grievance Response:

Your complaint has been noted. You have been on A wing since your return from the RB unit on 1-21-03. According to Major Baker you were the one who requested to be moved. There was no retaliation found on the part of Major Baker. Medical was contacted regarding your complaint and has revealed to this office that your medical record indicates that Dr. Lacy wrote an order for a handicap shower for three months on 10-15-02. On 12-6-02, the P.A. wrote an order for a shower chair for 60 days. You were sent to Montford for physical therapy but you refused to stay for extended therapy. This office must defer to the expertise of the medical dept in caring for your medical needs.

Signature Authority:

D.L. COLE

D.L. COLE

Date:

2-21-03

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. No documented attempt at informal resolution.\*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.\*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible.\*
- ☐ 11. Inappropriate.\*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

## OFFICE USE ONLY

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #:

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2nd Submission

UGI Initials: \_\_\_\_\_

Grievance #:

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3rd Submission

UGI Initials: \_\_\_\_\_

Grievance #:

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

000107





## Texas Department of Criminal Justice

# STEP 2 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003120574UGI Recd Date: 4-21-03HQ Recd Date: APR 28 2003Date Due: 05-26Grievance Code: 6011, 643Investigator ID #: D

Extension Date: \_\_\_\_\_

Offender Name: Gurtis McKinney TDCJ # 534028  
 Unit: neal Housing Assignment: A114B  
 Unit where incident occurred: neal

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of this grievance # 2003120574 is the fact that I was never physically rehabilitated as the neuro surgeon order of having surgery on my C-5 spinal cord and carpal tunnel surgery on my right hand. A review of my medical records will show that I never received and sort of exercises or physical therapy in any form for the August 16, 2002 surgeries. January 9, 2003 the physical therapist did not get around too see me until the Chain bus was there too pick us up and only examined me for the extreme pain that I was in due too the injury too my lumbar that I suffered Dec 27 2002, due too Dr Lacy's orders for me too be housed on A wing with the built in handicap shower that was ordered Oct, 15, 2002 due too I was having too many problems with getting the portable handicap chair from the officers when I fail in the shower due too regression in my physical abilities due too not being physically rehabilitated as ordered after I had lost a great deal of physical abilities due too the 4 year delay in scheduling of the spinal cord surgery when they, Texas Tech had free world medical records that show that the previous injury too my C-5 spine was most likely the core of my problems that the ignored for the 4 years.

January 9, 2003 stated that he was going too have me put back on the Chain as soon as possible too come back for physical therapy. I never refused therapy which would have required me too sign a refusal according too policy. In fact I had too file a grievance too be brought back after he did not bring me back as he stated he

was going to do. When I went back Feb. 13, 2003 the therapist only displayed interest in the lumbar injury that I had suffered due to the great delay in and/or due to the neurosurgeon's order being ignored and the misconduct of Major Butler at the treatment which changed the doctor's orders in retaliation to me filing a complaint. A review of my medical records will show that the Feb. 13, 2003, exercises were for the lumbar not for the C-Spinal area and the right hand capitulum was not mentioned at all. There is know were in my medical file that shows where I've received any exercises for the C spine or my right hand as ordered by neurosurgeon Dr. Maxwell nor is there a refusal that I supposedly signed. Health Services and Procedures, Program and Administration Policy 0.1 Access to Care Policy 0.2 Responsible Health Authority 0.2.1 and 0.3.1 Policy 2.9 and Policy 5-4 are being violated.

Offender Signature: Curtis McKinney Date: 4/20/03

Grievance Response:

2003120574

McKinney, Curtis

534028

Review of your Step 1 grievance reflects that you have failed to provide specific information, such as current dates, to enable investigation at this level. Review of grievance records reflects that the issue of your alleged delay and/or denial of physical therapy previously received an appropriate review; refer to the response received for Offender Grievance number 2003091139. Action through the grievance mechanism is not currently required.

Signature Authority:

Donna VallieDate: 5-19-2003

**Donna Vallie**  
Inv. V-OPS

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

I-128 Back (Revised 9-1-2001)

## OFFICE USE ONLY

## Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

000113



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Office of Managed Health Care

Lubbock, Texas 79430  
(806) 743-1331  
FAX (806) 743-1058

May 25, 1999

Mr. Curtis McKinney #534028  
P.O. Box 2000  
Colorado City, TX 79512

Dear Mr. McKinney,

This is to acknowledge receipt of your letter of 4/28/99 to Mr. Tonniges. We will ask for a review of your medical care.

Sincerely,

A handwritten signature in black ink, appearing to read "William E. Gonzalez".

William E. Gonzalez, M.D.  
Medical Director  
TTUHSC Managed Health Care



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Office of Health Care Systems  
3223 South Loop 289 Ste 210  
Lubbock, Texas 79423  
(806) 791-4433  
FAX: (806) 797-9492

July 12, 2001

Mr. Curtis McKinney  
TDCJ # 534028  
Wallace Unit  
P.O. Box 2000  
Colorado City, TX 79512

Dear Mr. McKinney,

In answer to your letter of 6/14/01, we requested a complete review of your medical care. We have copies of your MRI which was performed on 6/7/01. We also have a complete answer of the multiple visits that you have had at the unit. Impression of the staff at the unit is that all you are wanting is to move to another unit. There is no medical indication for movement to another unit. Dr. Hults and I have requested that you be evaluated by a specialist and this will be done in the very near future.

At present we see that you have access to care, are being treated appropriately and we find no indication for further direct intervention from this office.

We hope you continue to do well and certainly wish the best for you in the near future.

We have requested a specialty consult and this will be done as soon as we possibly can.

Sincerely,

A handwritten signature in cursive script, appearing to read "William E. Gonzalez".

William E. Gonzalez, M.D.  
Medical Director  
TTUHSC Health Care Systems

cc: Gail Anderson, PHSA



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Office of Health Care Systems  
3223 South Loop 289 Ste 210  
Lubbock, Texas 79423  
(806) 791-4433  
FAX (806) 797-9492

November 12, 2002

Mr. Curtis McKinney  
TDCJ # 534028  
Neal Unit

Dear Mr. McKinney,

In answer to your letter of 10/10/02, we requested a review of your medical care. It is found in the surgical notes of Dr. Maxwell that you were to have gradual advance in activity as tolerated. This can be interpreted as physical training to tolerance. There is no magic in physical therapy since evaluation of the surgery that you had and the post surgery was for you to continue motion and movement as tolerated considering your condition. You have been seen by the Medical Director of your unit on 8/30/02, 9/3/02, 9/10/02, 10/8/02, 10/15/02, 10/17/02, and 10/30/02. You had a request to see the doctor on 9/03/02 but you were a no show for a chronic care appointment and on 9/6/02 you were also a no show. You submitted another request on 9/28/02 and you were seen by the nurses on 10/01/01. You were referred to be seen by the doctor and again you were a no show on 10/3/02.

We do know that you have had surgery and needed to be followed carefully but it is up to your physician who is seeing you at present as to what activity or how you should progress to the level of activity that you need. I would recommend if you continue to have difficulty you should address this locally and show up to the clinic as recommended and requested.

The medical staff of your unit has been made aware of your concerns and will continue to monitor the situation. You have the proper restrictions, access to care, and have been treated appropriately. We do not find any indication for direct intervention from this office. We hope you continue to do well and certainly wish the best for you in the near future.

Sincerely,

A handwritten signature in cursive script, appearing to read "William E. Gonzalez".

William E. Gonzalez, M.D.  
Medical Director  
TTUHSC Health Care Systems

cc: Kelly Sutton, PHSA

**Health Services Division**  
**Office of Professional Standards/Patient Liaison Program**  
**INTERVIEW FORM**

The Health Services Patient Liaison Program is established within the Office of Professional Standards as an informal mechanism for the investigation of complaints, allegations, and concerns about the health or health care of a Texas Department of Criminal Justice (TDCJ) offender. If you are not satisfied with the attempts at informal resolution made by the Patient Liaison Program, the formal grievance process is available to you.

OFFENDER NAME: McKinney, Curtis TDCJ-ID#: 534028

ISSUE PRESENTED	Resolved	O/F Ref	PLP Ref *	ADMN Ref
Back injury 5/11/98 - last seen 9/22/98 for back by P.A. Kucinski. Medications were ordered and limited walking 880 yards. Restrictions are to be assigned by facility physician.		<input checked="" type="checkbox"/>		

Your signature below, along with that of the Patient Liaison Program Investigator, acknowledges that you have reviewed your correspondence and presented the above issues on 9/25/98 (Date). You will be given a copy of this form. Our office will retain the original for our investigation. \*For issues that will be addressed through **PLP Ref** or **ADMN Ref**, please allow 60 days before attempting to speak with the medical department about any resolution.

Danise McPart  
 Patient Liaison Program Investigator

9/25/98  
 Date

Curtis McKinney  
 Offender

9-25-98  
 Date

Reference No.: 980053402800001

cc: Facility Medical Management Team

**Legend:** Resolved = Offender reports to investigator that this is no longer a concern. **O/F Ref** = Patient Liaison Program informs the offender that this particular issue is to be handled by the offender, either in person or via established agency procedure. **PLP Ref** = Patient Liaison Program informs the offender that this particular issue will be addressed by our investigator via referral to the medical department. **ADMN Ref** = Patient Liaison Program informs the offender that the particular issue presented is being sent up the chain of command for administrative review and that the response on this issue will not come from this investigator.

**Office of Professional Standards**  
***Inter-Office Communication***

To: Curtis McKinney Date: 7/21/98

From: Office of Professional Standards Subject: Copies

The Office of Professional Standards, Patient Liaison Program is in receipt of your recent correspondence. In it you request that our office make copies of all or part of the correspondence/attachments you provided. This office is not responsible for copying and returning your documents. Your correspondence is being returned to you without action. If you wish to pursue your concerns/issues you may re-submit. Provide only originals/copies that you do not want back. This office will not copy or return the submitted correspondence/documents except by a legitimate request for open records through your Facility Open Records Coordinator. You may describe the information/documents you have rather than mailing them to us. If the investigator believes this information cannot be obtained from alternative sources (such as the medical record) and would impact the investigation, he/she will make arrangements to obtain copies from you at that time.

Sincerely,

**PATIENT LIAISON PROGRAM**

Xc: Medical Management Team

Xc (w/enc.): \_\_\_\_\_

\_\_\_\_ Enclosure(s)

✓ Reference No.: 9800534028000002




UTILIZATION MANAGEMENT  
Office of Managed Care

7120 I-40 West, Bldg. A  
Suite 360  
Amarillo, Texas 79106

(806) 356-5350  
(806) 356-5356 - Fax  
800-769-7843

## MEMORANDUM

**TO:** McKinney, Curtis  
TDCJ #534028

**FROM:** Michael W. Jones   
Director, Utilization Management

**DATE:** April 27, 1999

**RE:** Your Correspondence Dated 4-11-98

I have reviewed your letter and our information in this office. Additionally, I have contacted Ms. Anderson.

In reviewing the available information, I am unable to determine any objective findings as they might relate to your history of back problems. Plain film x-rays have failed to indicate an acute problem. At this time, there does not appear to be any reason for off-site specialty services.

I did notice, that you were no longer assigned to the field squad.

Should you have additional concerns, or subjective symptoms do develop, I encourage you to discuss these with Ms. Anderson.

xc: Ms. Anderson





## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

P.O. Box 99 J Huntsville, Texas 77342-0099

Wayne Scott  
Executive Director

July 14, 1999

Offender Curtis McKinney  
TDCJ-ID # 534028  
Wallace Facility

Offender McKinney:

Review of Patient Liaison correspondence files reflects that your letter expressing dissatisfaction with the medical attention received for back concerns and requesting assistance in receiving a medical transfer did not receive a response. We apologize for the delay in response. Your clinical records have been reviewed and your concerns are herein addressed.

Review of your clinical records reflects that you were assessed for back and orthopedic concerns on June 18, 1999, by Dr. Hults. A continuation of Indocin for discomfort and a specialty clinic referral was submitted requesting a magnetic resonance imaging (MRI) on the same date of examination. Approval of the referral will result in scheduling at a future date. Please be aware that it is the responsibility of the facility clinicians to determine what medical treatments, specialty clinic consultations, or medications will be needed.

The facility physician must initiate any request for transfer due to medical reasons. You are being seen and treated appropriately at your current facility of assignment. If you desire information relating to a non-medical transfer, we suggest that you contact the Bureau of Classification.

The Patient Liaison Program is charged with determining access to health care. Quality of medical care issues are not within the purview of this office. If you are dissatisfied with the assessments the physician made, or the manner in which you were examined, you may wish to address these issues with the Texas Tech Medical Director, Dr. Gonzalez, Texas Tech Correctional Health Science Center, 3601 4<sup>th</sup> Street, Lubbock, Texas, 79430.

Should you have additional questions or concerns of a medical nature, you are encouraged to contact your facility medical providers and give them the opportunity to resolve complaints and concerns at that level first.

Sincerely,

A handwritten signature in cursive script that reads "Denise McCarty".

Denise McCarty  
Investigator II, Patient Liaison Program  
Office of Professional Standards  
Health Services

DMc/sl

XC: William Gonzalez, M.D., TTUHSC/Medical Director  
Wallace Facility Medical Management Team

Reference No.: 990053402800003

**CLINIC NOTES**  
TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
**INSTITUTIONAL DIVISION**

Date & Time	Notes
7-31-00	1000 Classifications) contacted regarding offender plan "harming himself or others" due to being unable to lift heavy pans etc - city change - Anderson RN
8-1-00 Wallace Unit PI E FU CC ADM	0825 w/ offender c/o 35 Injured Back placing folded towels on sheet & felt sharp shooting pain to back & tingle <sup>in</sup> <sup>back</sup> 8/1/00 0835 6) Bent over to get down rest of lower back, felt sharp pain mid back, & radiation walk slung 7) patellar + 8) back from 9) morning 500 12" x 10 3" ft morning 1st -
8-1-00	1500 Approval received for referral to RMC EMC / NCS present RMC EMC 072800 CD 6446 7 - Anderson RN
8-3-00 Wallace Unit PI E FU CC ADM	0800 In for back pain w/ 15 12/17 0840 P20 T98.0 - COVID 8VN 8/9/00 Problem already addressed F/U 1st -

DR. R. HULTS, M.D.

DR. R. HULTS, M.D.

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

**CLINIC NOTES****TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION**Name: McKinney, CurtisTDCJ No.: 534028Unit: WARE

Date & Time	Notes
5/11/98 1100	offender w/ from fields c/o LBP states "I was pulling a stump slipped and fell - my back hurts" @ Uls at 217 T98 P 76 R18 BP 155/88 @ offender indicates pain to VL Quadrant of back - & visible injuries, & swelling, & ecchymosis, & ↓ Rom, @ pain acute (P) SAF-04 filed, applied heat x20 min, Jhu 200mg!! TIDX 7dep issued KOP per strain protocol <i>Shullu</i>
5/11/98 1105	offender observed in waiting moving & difficulty & s/s distress states "I have a Hx of back injury - what are you a nurse - when will I see Dr" Lrn advised offender that his full Rom, & visible injury, & tenderness to area when touched did not automatically call for MD/PA appt simply because he had a 15+ year old injury. - offender is being worked w/NL of his PULSES - & further TX at this time may submit HSA-9 <i>Shullu</i>
5/12/98 0800	received 3 HSA-9s c/o about medical Treatment referred to DON <i>Shullu</i>
5/14/98 0800	received HSA-9 c/o about medical treatment - Ref to DON <i>Shullu</i>
5-14-98 1600	Inmate c/o treatment was treated per protocol informed of such - will schedule MD appt <i>Shullu</i>
5/15/98 1100	MD/PA appt scheduled 5/19/98 for evaluation of back Pain <i>BCgbrnn</i>
5/18/98 0800	received HSA-9 c/o about medical TX - NSC 5/18/98 <i>Shullu</i>

Please sign each entry with status.

Arlington Memorial - (Records Dept.) 4-15-98

I, Curtis M. McKinney, am  
currently incarcerated by the Texas  
Dept. of Criminal Justice (T.D.C.J.).

I suffer from physical & emotional  
disabilities - due to a H.S. football  
injury, which left me temporarily paralyzed  
from the neck down - approx. September -  
1983. I believe the assigned doctor  
was "Dr. Lito Porto."

I am inquiring or acquisitioning  
all the medical & hospital records  
pertaining to the Sept., 1983 injury.

If there is a fee for copies of my  
records, I kindly ask that the fee be  
waived. Considering my disposition...  
I have no way to extend remunerations.

If possible, "Please," send the above  
requested information to me, or respond  
if fees can not be waived... to: Curtis  
M. McKinney, T.D.C.J. # 534028, P.O. Box  
2500, Colorado City, TX. 79512.

Sincerely,

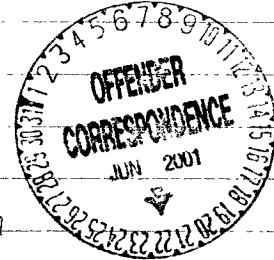
Curtis M. McKinney

Curtis M. McKinney

6-18-01

7:51

Pg (17) Mr. Gary Johnson,  
Classification  
P.O. Box 99  
Huntsville, Tx  
77342-0099



Dear Mr. Johnson,

My name is Curtis McKinney, #534028, and I am currently assigned to the John "80" Wallace unit where I am under the care of Mrs. Gail Anderson, the medical administrator located in Colorado, City, Tx 79512 P.O. Box 2000.

I am writing you this letter in hopes that you will please consider helping me and my family get a medical transfer for me due to the following facts:

Q/c I am a 33 year old man that previously suffer a spinal injury to the "C5" section of my spine which left me partial quadriplegia as the medical records I've provided indicates. There are also medical records pertaining to the spinal injury that can be obtained from Archives medical records health services dated 1990 - 1991.

I am in fear of my life, health and well being due to my physical abilities has greatly deteriorated here to the point

Pg(2) that it has become very noticable and has made me prey to the other healthy inmates. I've been threaten a couple time and has made up my mine mentally that I am going to have to result to extreme measures to protect myself due to the great deterioration of my physical abilities under this medical administration.

Dr. Hults has been prescribing Indomethacin napain or Ibipropin for my deteriorating condition for the past three years which has not been conducive protocol for my condition

I've provided Mrs. Anderson and Dr. Hults medical records pertaining to the prevouse spinal injury that I suffered concerning my medical dispassition. I am not sure if my prevouse medical records or my continuous complaints are being taken into consideration.

elo

Because of the symptoms that I've been experiencing for quit some time now I am questioning the judgement as to why the "C" section of my spine has not been considered for view since the "C" section was the core damaged initially.

Though I am not a specialist in the "Nuro" field I am aware that my condition is not improving but in fact failing me slowly.

Pg(31)

I state these facts and that it is indeed true because in 1999 I was working out and exercising regularly and today I can't carry a full pitcher of water 15 Ft with out tripping and straining to hold on to it. I am having a very difficult time grasping hold to objects with a firm grip. For example I have trouble screwing the top off a salt shaker. At times my right arm feels as if it's tied to a thousand pound weight at the end of the day. This goes the same for my right leg. I use to jog every other morning but now climbing up a flight of stairs has become embarrassing because I now have to pull up on my pant leg to assist my right leg up to the next step. Evidence can clearly be seen because the front of my right shoe is worn down due to the dragging. Attempting to jog has become dangerous for me because I've become clumsy and off balanced. People tell me that I walk like a 80 year old man and I've started to have problems with security due to problems. I can't get up off the bed or ground like normal people.

c/o

Though my complaints may be annoying to Dr. Hults and Mrs. Anderson I don't expect them to understand the mental burden that they've placed on me as I continuously explain that I need so help. But for them to tell me to continue to take anti-inflammatory is wrong of them.

Pg (4)

I am fully aware of the fact that my condition stems from the previous spinal injury that I suffered years ago. The treatment that I've been receiving under this medical administration has not been conducive.

I know if don't get your assistance in this matter Mr. Johnson, I won't get any more assistance from Mrs. Anderson and Dr. Hults other than what I've been receiving.

At this time I am pleading with you and requesting that I please be considered for a medical transfer so that I can possibly be evaluated properly and treated properly for deterioration and loss of abilities that I've suffered under this medical administration.

9c

Thank you  
Curtis McKinney  
# 534028

P.O. Box 2000  
Colorado City  
TX 79512



To: Arlington Memorial Hospital  
800 W. Randol Mill Road  
Arlington, Texas 76012

(NO Charge)

534028

611938  
old mnr  
1806

I, Curtis Marvin McKinney, authorize release of health care information to:

G. Anderson Health Administrator, Curtis McKinney # 534028  
Name

Dick Ware T.F., 168 S. Co 202, Colorado City TX 79512.  
Address

Information to be released related to my medical history, diagnosis, treatment or prognosis:

McKinney, Curtis  
Print patient name

611938  
Hospital number

approx. Sept. 1983  
Date(s) of service

7-27-67  
Date of Birth

- ☐ Face Sheet
- ☐ History and Physical
- ☐ Operative Report
- ☐ Pathology Report

- ☒ Emergency Record
- ☐ Discharge Summary
- ☒ Other
- ☒ Other

I understand that the specific type of information to be disclosed may include a history of the diagnosis and/or treatment of mental conditions, chemical or alcohol abuse and dependency, AIDS, and I have given my specific consent for disclosure of this information as indicated below.

I also understand that I may revoke this authorization at any time except when the release is for purposes of obtaining payment for health care. This authorization will expire 180 days from the date of my signature or as otherwise specified by date, event, or condition as follows:

Texas Legislation Senate Bill 975

"The hospital may charge a reasonable fee for providing copies of records, and is not required to release the information requested until the fee is paid."

Curtis M. McKinney  
Signature of patient or legally authorized representative

Patient  
Relationship to patient

4-15-98  
Date

ARLINGTON MEMORIAL HOSPITAL  
Authorization for Release of Information



**ARLINGTON MEMORIAL HOSPITAL**  
 800 W. RANDOL MILL ROAD - ARLINGTON, TEXAS 76012

 1 CHART COPY  
**ADMISSION FORM**

DISCHARGE DATE &amp; TIME

9.14.82

ACCOUNT NUMBER 13047436	ADMISSION DATE & TIME 9/02/82 10:19PM	ROOM & BED NO. 1306-2	AC. CD. S	SERVICE M-S	PRIORITY EMERGENCY	REGISTRATION DATE	MED. RECORD NO. 180693
NAME, REL., ADDRESS, PHONE MCKINNEY CURTIS MARVIN 1917 GALVESTON GRAND PRAIRIE TX 75051 817/000-0000		DATE OF BIRTH 7/27/67	AGE 15	SEX M	RACE N	NOK: NAME, RELATIONSHIP, HOME & WORK PHONE CLYDE MCKINNEY FATHER 817/000-0000 214/462-0480	
SOCIAL SECURITY NO.		MARRIAGE STATUS S		SMOKE NO			
RELIGION EAP							

DIAGNOSIS C SPINE CONTUSION	PREVIOUS ADMISSION DATE / /	ICDA CODE
ADMITTING DOCTOR 514 PORTO LITO MD	ATTENDING DOCTOR 514 PORTO LITO MD	

NAME, ADDRESS, PHONE, RELATIONSHIP MCKINNEY CLYDE 1917 GALVESTON GR PRAIRIE TX 75051 817/000-0000 FATHER	OCCUPATION HELPER	EMPLOYER NAME, ADDRESS, PHONE N W MASONRY LEWISVILLE TX 214/462-0480
CLOCK NO.	LENGTH EMP. 3 YEARS	
PREADMIT BY	ADMIT BY LS	

MEDICARE NUMBER & SUFFIX	ACCIDENT YES	ON JOB NO	ONSET DATE 9/02/82	PRE NUMBER 1353
NAME, ADDRESS, PHONE INTERNATIONAL 800 EX. TOWER 3300 W. MOCK DALLAS TX 75235	214/358-2468	POLICY HOLDER & RELATIONSHIP GPISD		VERIFIED
GROUP & POLICY NO.		I.D. NO. & EFFECTIVE DATE / /		
POLICY HOLDER & RELATIONSHIP		VERIFIED		
GROUP & POLICY NO.		I.D. NO. & EFFECTIVE DATE / /		

 PRE-OPERATIVE OR ADMITTING DIAGNOSIS: *Partial quadriplegia* 257979

 POST-OPERATIVE OR FINAL DIAGNOSIS: *Partial Quadriplegia* 344.0

OPERATION:

COMPLICATIONS:

DISCHARGE:

INFECTIONS:

<input type="checkbox"/> REC	<input type="checkbox"/> UNIMP	CAUSE OF DEATH OR UNIMPROVEMENT:
<input checked="" type="checkbox"/> IMP	<input type="checkbox"/> EXP	

 I HEREBY CERTIFY THAT THIS ENTIRE CHART HAS BEEN EXAMINED BY ME AND FOUND TO BE COMPLETE AND THE FACTS SHOWN IN THIS CHART ARE CORRECT. THIS PATIENT WAS DISCHARGED *9.14.82* *Pat. Pat.* M.D.  
 DATE SIGNATURE OF ATTENDING PHYSICIAN

 MEDICAL RECORDS  
 USE ONLY

ALIVE	<input checked="" type="checkbox"/>	PT. DAYS	12
DIAG. ONLY	<input type="checkbox"/>	SERVICE	
DISC. AMA	<input type="checkbox"/>	TREATMENT	
EXPIRED UNDER 48 HOURS	<input type="checkbox"/>	CONSULTS	
EXPIRED OVER 48 HOURS	<input type="checkbox"/>	TRANSFUSIONS	
AUTOPSY	<input type="checkbox"/>		



Name: McKinney, Curtis M.  
Unit No:  
Doctor: LITO PORTO  
Admitted: 9-2-82  
Operation:  
Discharged: 9-14-82  
Dictated: 9-23-82  
Transcribed: 9-28-82 vls

**ARLINGTON MEMORIAL  
HOSPITAL**

This is a 15 year old male.

ADMITTING DIAGNOSIS: Partial quadriplegia.

FINAL DIAGNOSIS: Same.

OPERATION: None.

For more details please refer to the physical and history. The cervical spine was normal. The negative lateral cervical spine. The tomogram of the cervical spine, no fractures or other osseous abnormalities are seen. The thoracic spine was negative. The hemoglobin was 13.4, hematocrit was 41.

The patient was admitted to the hospital he was quite weak, almost quadriplegic, complete upper and lower extremity with the physiotherapy, the patient was able to regain the use of her legs and some use of the upper extremities, but he was spastic. He remained partially quadriplegic. I have discussed this with the mother and the family and told them to bring to us as an outpatient and don't let him play football again.

Lito Porto, M.D.  
*Lito Porto*

1306

Name: McKinney, Curtis M.  
 Unit No:  
 Doctor: THOMPSON  
 Admitted:  
 Operation:  
 Discharged:  
 Dictated: 9-2-82  
 Transcribed: 9-3-82 vls

**ARLINGTON MEMORIAL  
 HOSPITAL**

CC: Neck injury.

HPI: This patient is a 15 year old black male who was playing football at Mesquite tonight when he tackled someone with his head bent under and suffered a hyperflexion injury of his neck. He was reportedly unconscious on the field for approximately 2 minutes and was reportedly unable to move any of his extremities from approximately 10 minutes. He was brought by ambulance to AMH and upon arrival in the ER he was able to move all extremities, however, they did seem weak, particularly marked weakness in the right hand grip. X-rays done in the ER revealed no abnormalities in the cervical spine. The patient is being admitted at this time for further observation.

PH: No prior hospitalizations, no serious illnesses, no surgery. Is allergic to no known medicines.

ROS: Negative.

FH: Negative.

PE: Blood pressure 140/80, pulse 80 and regular, T 99,  
 R 16.

GENERAL APPEARANCE: Well developed, well nourished teenage black male in no acute distress.

HEENT: Pupils are equal and react to light and accommodation. Sclera and conjunctiva are clear. Examination of the ears, nose and mouth and throat revealed no abnormalities.

NECK: Supple without pain. There is no tenderness over the cervical spine, limited motion reveals no pain. No nodes, masses or thyromegaly are noted.

CHEST: Clear to auscultation.

HEART: Regular sinus rhythm without murmur or apparent cardiomegaly.

ABDOMEN: Flat, soft and nontender. LSK are not palpable. There are no palpable masses.

EXTREMITIES: No apparent injuries, edema or cyanosis.

NEUROLOGICAL: The patient is alert and well oriented, cranial nerves are intact. No obvious sensory deficits, no pathological reflexes. He does exhibit weakness of the right arm and right hand grip, left arm, both legs exhibit full range of motion, however, do seem somewhat weak.

IMPRESSION: Cervical spine strain, rule out cervical cord injury. The patient is being admitted for observation.

HISTORY AND PHYSICAL

*G. Thompson*  
 G. THOMPSON, M.D.

Sta: 1304

Name: McKinney, Curtis  
Unit No.  
Doctor: Porto  
Admitted:  
Operation:  
Discharged:  
Dictated: 9-10-82  
Transcribed: 9-13-82 cak

**ARLINGTON MEMORIAL  
HOSPITAL**

CC: Partial quadriplegia.

HPI: This is a 15 year old colored male who was playing football at Mesquite on the night of 9-2-82, when he tackled someone with his head bent down and has hyperflexion injury of his neck. He was seen by the doctor at the football field and then transferred him to the hospital. He could not move either extremities for awhile. After that he started to regain some motion in the lower extremities.

PH: He had been in good health.

ROS: Not contributory.

PHYSICAL EXAM: BP 130/80, P 85. No acute distress.

HEENT: Head symmetrical.

NECK: He does not complain of any neck pain and the neck was supple. No muscle spasm felt.

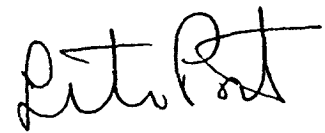
HEART: Regular rhythm.

LUNGS: Clear.

NEUROLOGIC: The patient is alert and oriented and able to give history. He has a partial quadriplegia. He is weak in the upper extremities worse than the lower extremities. He barely can move the upper extremities and he has diffuse sensory deficit from about C5 down.

IMPRESSION: Hyperflexion injury of cervical spine. Rule out fracture dislocation. Partial quadriplegia, arms worse than legs.

RECOMMENDATION: The patient is going to be admitted to the hospital for further observation and care.



Lito Porto, M.D.

HISTORY AND PHYSICAL

## ARLINGTON MEMORIAL HOSPITAL

ARLINGTON, TEXAS

RADIOLOGY REPORT

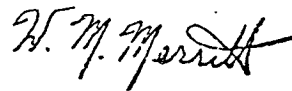
PATIENT	MC KINNEY, CURTIS M.	15	ROOM	1306	DATE	9-3-82
DOCTOR	PORTO		X-RAY NO.	143245	CASE NO.	13047436

## LATERAL VIEW OF THE CERVICAL SPINE:

Repeat lateral views of the cervical spine show the vertebral body height and alignment and intervertebral disc spaces to be well maintained. The posterior elements are intact and there is no fracture seen.

CONCLUSION:                      NEGATIVE LATERAL CERVICAL SPINE.

WMM:wn  
9-3-82



WALTER M. MERRITT, M.D.

RADIOLOGY REPORT

## ARLINGTON MEMORIAL HOSPITAL

ARLINGTON, TEXAS  
RADIOLOGY REPORTPATIENT MC KINNEY, CURTIS M. - 15  
DOCTOR PORTOROOM 1304  
X-RAY NO. 143245DATE 9-14-82  
CASE NO. 13047436

## THORACIC SPINE:

The bony structures are intact, and the interspaces are well preserved. Alignment and curvature are unremarkable. Pedicles are intact.

## IMPRESSIONS:

NEGATIVE THORACIC SPINE.

*J. T. TELLE, M.D.*JTT:jkm  
9-14-82

J. T. TELLE, M.D.

RADIOLOGY REPORT



## ARLINGTON MEMORIAL HOSPITAL

ARLINGTON, TEXAS  
RADIOLOGY REPORTPATIENT MC KINNEY, CURTIS M.  
DOCTOR PORTO

15

ROOM 1304

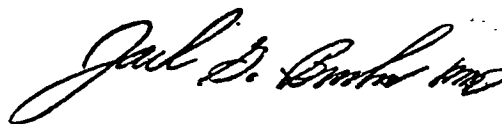
DATE 9-13-82

X-RAY NO. 143245

CASE NO. 1304736

## TONOGRAMS OF THE CERVICAL SPINE:

Two preliminary scout films of the cervical spine in the lateral projection were obtained following by tomograms in the lateral projection. No fracture or other osseous abnormality is appreciated on the film studies obtained.



JACK G. BROOKS, M.D.

JGB:wm  
9-13-82

RADIOLOGY REPORT

## ARLINGTON MEMORIAL HOSPITAL

ARLINGTON, TEXAS  
RADIOLOGY REPORT

1306

PATIENT MC KINNEY, CURTIS M. - 15  
DOCTOR THOMPSON PEG

ROOM E/S

DATE 9-2-82

X-RAY NO. 143245

CASE NO. 23086581

## CERVICAL SPINE:

Vertebral body height, alignment, and intervertebral disc spaces are well maintained. The posterior elements are intact. The intervertebral foramina are widely patent and the soft tissues are unremarkable.

CONCLUSIONS: NORMAL CERVICAL SPINE.

WMM:jkm  
9-3-82

WALTER M. MERRITT, M.D.

RADIOLOGY REPORT

**ORDER INFORMATION:**[illegible]

9-3-82 Pt. c/o some numbness @ UE's.

[10] Active movements C-spine - WNL in supine - extension not assessed. No tenderness noted in cervical spine on palpation. Hands profusely hyperhidrotic. Sensation intact Strength as follows:

	R.	L.
neck flexion	N	N
neck rotation	N	N
shoulder abduction	6-	6-
shoulder elevation	N	N
biceps	6+	6+
triceps	P	F
grip/finger flexion	zero	P-
finger abduction	zero	zero

in supine

Instructed pt. + family in ROM and strengthening exercises to be performed several times a day. K Otto, CPT

ATTEND:PORTO LITO MD

ROM has been maintained. No @sided denial seen. Strength has increased throughout. Gait shows less hyperextension at the knee, however, @ knee still does. Pt. amb. indep. - ascends stairs indep. balance in sitting, standing, & kneeling is good. Pt. rides bicycle 10 minutes before @ting.

**ADP:** Pt. to continue O.P. therapy on a daily basis, & @mes as needed. Will continue to work on goals mentioned previously. H. Otto, LPT

**ORDER  
NUMBER**

**ARLINGTON MEMORIAL HOSPITAL**  
**PHYSICAL MEDICINE**

**ORDER INFORMATION:**

0313 PT EXERCISE 15

ISOL:

ADM: 9/02/82

ALG:NKA

MR#: 180691

ORDER:

ATTEND: PORTO LITO MD

of Otto, IPT

9-13-82. Pt. seems to be improving. Pt. amb. indep. and  $\bar{c}$  a much less spastic-like or ataxic-like gait pattern. Pt. able to ascend-descend stairs indep. Adduction of hips @ normal. K Otho, LPT

TREATMENT

PAT 230

ORDER  
NUMBERARLINGTON MEMORIAL HOSPITAL  
PHYSICAL MEDICINE

ORDER INFORMATION:

ACCT: 126128

PT: MCKINNEY, JAMES

9/17

11:21

DX: C SPINE CONTUSION

REF: N 17:5/05 517 10:11/05 100 100:00 100

AIG: MK

ORDER: 20570 1000 100

C SPINE CONTUSION

9-13-82

It is a 15 yo male who suffered a spinal  
Contusion ~ 3 weeks ago.

PROM - wnl

A.R.O.M - LUE = exception of hand & muscle grade  
Hand E = exception of ring + little  
finger P.

RUE G- to F+ = exception of hand which  
is P.

Pt. Alert + understands instructions.

moderately dependent in ADL.

Estimated Rehab time 6-10 weeks.

Goal: ↑ function of RUE's → independence  
in ADL.

Plan: OT as ordered.

Jeanne Caste, OTR

[illegible]

**ARLINGTON MEMORIAL HOSPITAL**  
**PHYSICAL MEDICINE**

**ORDER INFORMATION:**

ACCT#:13047436 13 1304-2 9/13/82 11:34AM

PT:MCKINNEY, CURTIS M

DOB: 7/27/67 15

0060 OCCUPATIONAL THERAPY

9/13 11:34A WHEEL

ISOL:

DX:C SPINE CCNTUSION

ADM: 9/02/82

SEX:M HT:5'06 F/I WT:138/000 L/O ORD#:030 KAC

**AJG : NKA**

MR#: 180693

ORDER: PORTO LITO MD

ATTEND:PORTO LITO MD

C SPINE CONTUSION

9-14-82

## Discharge Plan

OK to be discharged from hospital today  
Dien to see on an out pt basis daily  
decreasing after one week to 3x wk

D/c

Jeanine Coats, OTR

3	17	8
---	----	---

twai

<del>Complex</del>	15	15	45
--------------------	----	----	----

Biogedacht

**ORDER  
NUMBER**

3	22	22
15	21	22

**ARLINGTON MEMORIAL HOSPITAL**  
**PHYSICAL MEDICINE**

**ORDER INFORMATION:**

ACCF#:13047476 17 1306-2 0103/10 12:00Z

PT: MCKINNEY, CURTIS M POP: 7/27/69 15

9/03 12:08T CAPT 1001:

DX:C SPINE CONTINUED 45: 2/22/83

SEX:M HT:5/06 F/L WT:175/000 I/O OLB#:011 MAC

ALF: NKA

ORDER: PORTO LITE "D" ATTEND: PORTO LITE "D"

STRETCHED NERVE, POOR MOTION, TENDRNESS

9-7-82 ROM remains WNL. No side return is evidenced in @ UE's & movement seen in both hands. Ambulated pt. w/ 2 moderate assist a distance of 30 feet x 2. A bilateral slap foot gait & hyperextension of @ knees was used by pt. but also very ataxic like. Balance was poor. Biofeedback training will be used @ UE's - instructions given to pt. and family member. H. also has "meat ball" and will be asked to use - K. Stilo, LPT

9-8-82 Grip strength measured. R - did not register  
 @ 50 KPa Manual muscle test performed. The  
 following results.

Sh	R	L	Sh	R	L
Shoulder abduction	G	G	Shoulders	G	N
Elbow flexion	G+	N	Hamstrings	F+	F+
" extension	N	N	Rip abduction	F	F
Finger flexion - trans	P	F	extension (Spine)	P	
" abduction - zero	<del>trans</del> P		gastroc soleus	P	F
Rip flexion	G+	G+	Pt. sitting - tone showing		
" abduction	F+	F+	R. solid under x = RPTL-LPT		

## PROGRESS



TREATMENT	1/3	1/7	1/8	1/9	1/10	1/13	1/14
Eval	/	/					
CON/EX	15	15	45	45	30	30	30
Bioprodukt	/						
ORDER NUMBER	13	20	22	24	26	31	35
	15	21	22	25	26	32	34

**ARLINGTON MEMORIAL HOSPITAL**  
**PHYSICAL MEDICINE**

ACCT#:13047436 13 1306-2 9/03/82 12:08PM

DOB: 7/27/67 15

0004 EXERCISE

ISOL:

PT FOR ARMS

ADM: 9/02/82

SEX:M HT:5/06 F/I WT:178/000 L/O ORD#:011 MAC

MR 4:

ATTEND: PORTO LITO MD

STRETCHED NERVE, POOR MOTION, NUMBNESS

9-7-82 ROM remains WNL. Muscle return is evidenced in @ UE's & movement seen in both hands. Ambulated pt. + 2 moderate assist a distance of 30 feet x 2. A bilateral slap foot gait & hyperextension of @ knees was used by pt. Gait also very ataxic like. Balance was poor. Prefeedback training will be used @ UE's - instructions given to pt. and family member. H. also has "Oney ball" and therapist to use.  
K Otto, DPT

9-8-82 Grip strength measured. @-did not register  
150 kPa Manual muscle test performed. The  
following results.

sh	R	L	gluteals	R	L
Shoulder abduction	G	G	Hamstrings	G	N
elbow flexion	G+	N-	hip abduction	F+	F+
elbow extension	N-	N-	hip extension (spine)	F	F
finger flexion	tracop	F-	gastroc solus	P	P
" abduction	zero	tracop			
hip flexion	G+	G+			
hip abduction	F+	FT			

Pt. seems to be showing  
A-sided denial SK's. Kotto, LPT



## Texas Department of Criminal Justice

STEP 2

PASO 2

OFFENDER  
GRIEVANCE FORM

Forma Para Quejas de los Preso

Offender Name: Curtis McKinney TDCJ # 534028Unit: NEAL KN Housing Assignment: I-108Unit where incident occurred: WALLACE RB

## OFFICE USE ONLY

Para Uso De La Oficina Solamer

Grievance #: 2002106899UGI Rec'd Date: 06-10-02HQ Rec'd Date: JUN 14 2002Date Due: 7-15Grievance Code: 623,601, 0

Investigator Number: \_\_\_\_\_

☐ EM ☐ UOF ☐ ME☐ ADA ☐ REL ☐ SS

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

My chief complaint was not addressed  
in grievance # 2002106899 response.

My complaint was and/or is that  
Mrs. L. Anderson and her staff greatly  
delayed my deteriorating medical condition  
from being diagnosed and/or treated for over  
four (4) years even though I provided her  
with full world medical records in April 1998.

The records showed that the previous  
spinal injury that I had suffered was <sup>most</sup> likely  
the source of the physical and/or medical problems  
problems that I was experiencing.

I also had placed with Mrs. Anderson  
and Dr. Phultz to focus on the area due to the previous  
previous experience that I had suffered on a number  
of I-60 request that the professional standard Health  
service office made copies of in 1998.

Mrs. Anderson repeatedly provided unfactual  
misleading information to other health authorities  
such as Dr. William Gonzales, Rachel McKinney  
and others when she had ~~deliberately~~ <sup>deliberately</sup> released  
records (I provided) to my complaints

JUN 14 2002

My greatly deteriorated condition was not diagnosed until Feb 2002 after the neuro specialist noticed that there was there was more going on then what had been reported and scheduled a M.R.I of my C-spine that revealed a great timely deteriorated condition that has left me in great danger of becoming paralyzed due to fluid build up on my C-spinal cord and/or death due to it's in the area of the spine that stems off to my brain. Due to physiological scaring I became terrified of having the badly need surgery 5-2002 and set it off. See medical release form I sent to Arlington Memorial hospital and partial neurological report that lies in my T.D.C.T medical file since 1993. Also see M.E.T. and Dr Maxwell report in my medical chart.

Offender Signature: Curtis McKinney Date: 6-10-2002

#### Appellate Decision and Reason:

- ☐ The Step 1 answer has addressed your complaint. No action will be taken.
- ☐ You have not provided a good reason for your appeal or for this office to review your claims further. No action will be taken.
- ☐ The issue you raise has been resolved or is pending resolution and no further action is warranted.
- ☐ The issues you present have already been reviewed. No further appeals of the same issues will be addressed. No action will be taken by this office.

2002106899

McKinney

534028

- A review of documentation reflects that you received an appropriate response at Step 1. Complaints regarding quality of care and personnel should be addressed to the Texas Tech Correctional Managed Health Care Medical Director, Dr. William Gonzalez at the Texas Tech University Health Science Center, 3223 South Loop, Suite 210, Lubbock, Texas 79423. Additionally, you may wish to reference correspondence dated 12-09-99 to you from Dr. Gonzalez regarding the Wallace Facility Health Administrator. Review of documentation reflects that you did not attempt to informally resolve this issue before you filed your Step 1 grievance. You should attempt informal resolution for your medical concerns with the facility medical complaints coordinator via an I-60. After this attempt is documented, you may proceed with filing a Step 1 grievance. No further action through the grievance mechanism is warranted.

Signature Authority: Rochelle McKinney R.N., M.A. Date: 6/28/02

Returned Because: **Rochelle McKinney, R.N., M.A.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible\*
- ☐ 3. Originals not submitted\*
- ☐ 4. Inappropriate/Excessive attachments\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.
- ☐ 6. Inappropriate (request is for employee disciplinary action or consequential or punitive damages).

\*You may resubmit this issue once corrections are made.

Grievance Staff: \_\_\_\_\_



Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

PASO 1

Forma Para Quejas de los Preso

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Wallace Housing Assignment: CX18  
 Unit where incident occurred: Same

## OFFICE USE ONLY

Para Uso De La Oficina Solamente

Grievance #: 2002106299  
 Date Received: 2-26-02  
 Date Due: 4-7-02  
 Grievance Code: 623 601  
 Investigator Number: IC265

☐ EM ☐ UOF ☒ MED  
☐ ADA ☐ REL ☐ SSI

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Neuro Surgeon When? 2-15-2002  
 What was their response? I need to have surgery as soon as possible  
 What action was taken? Scheduled for surgery

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Feb. 15, 2002 the Neuro Surgeon explained to me that I need to have surgery on my C-spine as soon as possible due to I am in great danger of becoming a quadriplegic at any second due to the least jerk or just sleeping wrong due to my condition has deteriorated to a very critical condition due to delay of diagnosis and treatment. (See medical notes in chart dated Feb. 15-2002)

When I first started to have problems I provided Mrs. E. Anderson free world medical records from Arlington Memorial Hospital pertaining to a previous spinal injury to my C-spinal cord area with the help of my family.

Mrs. E. Anderson the Wallace Unit medical administrator with negligent intent repeatedly disregarded the medical records that I provided her and maliciously ignored my constant pleas for medical attention as my condition deteriorated and I experienced greater pain and suffering.

After becoming afraid and desperate I began to contact the medical director and professional standard offices. I was told that Mrs. E. Anderson had lead them to believe that there was nothing wrong.

with me but wanted to be medically transferred, never revealing the fact that I had provided her with medical records pertaining to a previous spinal injury that was more than likely contributing to the problem but instead intentionally giving misleading information that greatly delayed diagnosis and treatment as my condition deteriorated to the current critical point that my condition has reached come to wish for my physical well being great damage, as well as mental. Mr. G. Anderson intentionally violated Health Services Procedures Governance P5; A-05.1 plus P-03; A-02.1 plus P-09-D29.12C-19.

**Action Requested to Resolve your Complaint.**

I'd like for Texas Tech to investigate this matter through their administrative director branch and I be interviewed by the proper authority.

**Offender Signature:**

Curtis McKinney

**Date:**

2-24-02

**Administration's Decision**

- ☐ Mandatory referral to IAD (Grievance worksheet attached)
- ☐ No action warranted (Explain).

Medical was contacted and you have addressed most of your concerns with Dr. Gonzalez, Medical Director. You were recommended for medical transfer and on March 28, 2002, you were transferred to the Neal Unit. You received adequate care and treatment while assigned to the Wallace Unit. This office defers to the professional judgement of the medical staff.

**Signature Authority:**

[Signature]

**Date:**

4-5-02

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the Step 1 response. State your reason for appeal on the Step 2 form.

Warden E. Wheeler

**Returned because:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Grievable time period has expired.             | <input type="checkbox"/> 6. No requested relief is stated.*  |
| <input type="checkbox"/> 2. Submission in excess of 1 every 7 days*        | <input type="checkbox"/> 7. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.   |
| <input type="checkbox"/> 3. Original not submitted*                        | <input type="checkbox"/> 8. The issue presented is not grievable.  |
| <input type="checkbox"/> 4. Inappropriate/excessive attachments*           | <input type="checkbox"/> 9. No remedy exists.  |
| <input type="checkbox"/> 5. No documented attempt at informal resolution.* | <input type="checkbox"/> 10. Illegible/Incomprehensible*   |
| *You may resubmit this issue once corrections are made.                    | <input type="checkbox"/> 11. Inappropriate (request is for employee disciplinary action or consequential or punitive damages). |

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: Grievance Supervisor DATE: 6-8-02  
(Name and title of official)

ADDRESS: NEAL Unit Supervisor

SUBJECT: State briefly the problem on which you desire assistance.

5

I WAS PLACED ON THE CHAIN 4-29-02 THE NEXT NEXT DAY AFTER RECEIVING THIS STEP-ONE GRIEVANCE #2007106899 FROM THE UNIT THAT I WAS ~~TOP~~ TRANSFERRED FROM. DUE TO THE CHAIN OFFICE MISTAKENLY THOUGHT THAT I WAS ON THE REGULAR CHAIN RATHER THAN THE MEDICAL ALL OF MY PROPERTY WAS PACKED TOGETHER. WHEN THE CHAIN BUS ARRIVED I WAS TOLD BY THE DRIVER THAT I COULD NOT BRING MY PROPERTY EXCEPT MY HYGIENE DUE TO I WAS MEDICAL. SO ALL OF MY PROPERTY AND LEGAL WORK WAS LEFT AT THE BACK GATE FOR THE PROPERTY OFFICER. I STAY GOING HOME FROM 4-29-02 UNTIL 6-3-02. I GOT MY PROPERTY 6-4-02 IS WHY STEP-2 IS JUST GETTING FILED DUE TO I WAS NOT ALLOWED TO TAKE IT.

Name: Curtis McKinney No: 534028 Unit: neg  
 Living Quarters: I-108 Work Assignment: UnAssigned med

DISPOSITION: (Inmate will not write in this space)

Exhibit G

4

1306

Name: McKinney, Curtis M.  
Unit No:  
Doctor: THOMPSON  
Admitted:  
Operation:  
Discharged:  
Dictated: 9-2-82  
Transcribed: 9-3-82 vls

**ARLINGTON MEMORIAL  
HOSPITAL**

CC: Neck injury.

HPI: This patient is a 15 year old black male who was playing football at Mesquite tonight when he tackled someone with his head bent under and suffered a hyperflexion injury of his neck. He was reportedly unconscious on the field for approximately 2 minutes and was reportedly unable to move any of his extremities from approximately 10 minutes. He was brought by ambulance to AMH and upon arrival in the ER he was able to move all extremities, however, they did seem weak, particularly marked weakness in the right hand grip. X-rays done in the ER revealed no abnormalities in the cervical spine. The patient is being admitted at this time for further observation.

PH: No prior hospitalizations, no serious illnesses, no surgery. No medicines routinely. Is allergic to no known medicines.

ROS: Negative.

FH: Negative.

PE: Blood pressure 140/80, pulse 80 and regular, T 99,  
R 16.

GENERAL APPEARANCE: Well developed, well nourished teenage black male in no acute distress.

HEENT: Pupils are equal and react to light and accommodation. Sclera and conjunctiva are clear. Examination of the ears, nose and mouth and throat revealed no abnormalities.

NECK: Supple without pain. There is no tenderness over the cervical spine, limited motion reveals no pain. No nodes, masses or thyromegaly are noted.

CHEST: Clear to auscultation.

HEART: Regular sinus rhythm without murmur or apparent cardiomegaly.

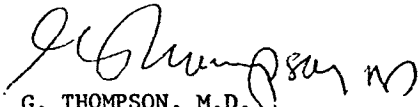
ABDOMEN: Flat, soft and nontender. LSK are not palpable. There are no palpable masses.

EXTREMITIES: No apparent injuries, edema or cyanosis.

NEUROLOGICAL: The patient is alert and well oriented, cranial nerves are intact. No obvious sensory deficits, no pathological reflexes. He does exhibit weakness of the right arm and right hand grip, left arm, both legs exhibit full range of motion, however, do seem somewhat weak.

IMPRESSION: Cervical spine strain, rule out cervical cord injury. The patient is being admitted for observation.

HISTORY AND PHYSICAL

  
G. THOMPSON, M.D.





## Texas Department of Criminal Justice

**STEP 2**

PASO 2

**OFFENDER  
GRIEVANCE FORM**

Forma Para Quejas de los Preso

Offender Name: Curtis McKinney TDCJ # 534028Unit: WALLACE MARVIN Housing Assignment: B 114Unit where incident occurred: WALLACE**OFFICE USE ONLY**

Para Uso De La Oficina Solamente

Grievance #: 2001024020UGI Rec'd Date: 11-1-00HQ Rec'd Date: NOV 06 2000Date Due: 12-6Grievance Code: 623, 621

Investigator Number: \_\_\_\_\_

☐ EM☐ UOF☒ MED☐ ADA☐ REL☐ SSI

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The findings for facility Health services related offender grievance will be reviewed by the facility leadership council. See Health Administrative Directive A12-1 Grievance Mechanism Board Policy BP 3.77, also see inmate procedures and administrative directive 23.82 management of offender grievance. ~~constant~~ ~~lately~~. The issues of this grievance evidently has not been investigated then medical. Review of my record chart shows that I've suffered with this medical problem since around or about 9-9-99. I've been forced to live with blisters all over my penis for over a year ~~now~~ which has been physically and mentally frustrating due to prolonged diagnosis and proper treatment. Please Review medical record from 9-99 to 10-25-00 and see verause doctor visits for undiagnosed infection. Review of medical records show that Dr. Hults has not ever diagnose the irritation and/or infection on my penis but constantly prescribed nystatin Triamcinolone cream for the undiagnosed irritation and/or infection when the instruct. on for usage of nystatin cream clearly instructs for nystatin cream to be discontinued if it do not affect or help the irritated and/or infect area in 25 days. Dr. Hults has proscribed the nystatin cream for over a year.

Review of medical records will show that around or about 9-19-00 a year after the first report 9-9-99 Dr. Hults based on a rather guess a year later started me on heripies medication.

Review of medical record will show that today 10-25-00 Dr Hults has fail to diagnose the irritation and/or infection that he's been treating for over a year with medication that should have been discontinued after 25 days of usage there for subjecting me to further harm. On taken 25, 00 Dr Hults also made notes for me to be ~~at~~ Allowed to come in and show him the blisters

be for the burst and make sores as the were today 10-25-00. Dr. Hults has been shown the blister by me a number of times within the year and has been unable to diagnose the problem and properly treat it. I was told by Dr. Hults when he was unable to diagnose the blisters to not worry about it asking as they don't spread due to I had been using the stronger medication that he had to offer (nystin cream)

Dr. Hults has fail to refer me to come one who specializes in C.I.D. profession after he's been unable to diagnose the problem & treat it for a year now but has told me & made notes for me to wait to the sores turn into blisters again which he has already seen a number of times already. Due to Dr. Hults negligence I've suffered both physical & mental from this undiagnosed medical problem for a year now. I've also been severely punished by this administration discipline disciplinary (due to being forced to live with this unusual condition for such a long time) after a officer walk up on my assigned housing and witness me mediating the infection with the nystin cream in J26 cell.

Offender Signature: Curtis McKinney

Date: 10-25-00

**Appellate Decision and Reason:**

- ☐ The Step 1 answer has addressed your complaint. No action will be taken.
- ☐ You have not provided a good reason for your appeal or for this office to review your claims further. No action will be taken.
- ☐ The issue you raise has been resolved or is pending resolution and no further action is warranted.
- ☐ The issues you present have already been reviewed. No further appeals of the same issues will be addressed. No action will be taken by this office.

Review of your grievance reflects that your complaint of being denied proper medical treatment for blisters was addressed in Patient Liaison Program case #000053402800004. This office will defer to their investigation and response. No action is warranted.

Signature Authority:

Rochelle McKinney R.N., M.A.

Date:

11/21/00

**Returned Because:**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible\*
- ☐ 3. Originals not submitted\*
- ☐ 4. Inappropriate/Excessive attachments\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.
- ☐ 6. Inappropriate (request is for employee disciplinary action or consequential or punitive damages).

\*You may resubmit this issue once corrections are made.

Grievance Staff: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

PASO 1

Forma Para Quejas de los Preso

Offender Name: Curtis McKinney TDCJ # 534028Unit: WALLACE Housing Assignment: B114Unit where incident occurred: WALLACE

## OFFICE USE ONLY

Para Uso De La Oficiaria Solamente

Grievance #: 2001024020Date Received: 10-6-00Date Due: 11-15-00Grievance Code: 623.621Investigator Number: 10731☐ EM ☐ UOF ☒ MED☐ ADA ☐ REL ☐ SSI

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? wrote G. Anderson, Seen by Dr. Hults When? 9-25-00What was their response? Started treatment for herpes based on further guessingWhat action was taken? Still suffering after a year has passed.

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Dr. Hults has intentional left me suffering with some sort of unknown irritation and/or infection for over a year now which is in the form of clusters of blisters all over my penis which is in direct violation of Health services policies. See A 05.1 Health services Policies I II III IV V VI VII of Health services Procedures. Also see Comprehensive Quality Improvements program (Pole)  
Dr. Hults refused to refer me other qualified staff and/or personal after I repeatedly requested him to do so after repeatedly telling and showing him at several appointments that the Nystatin Triamcinolone cream was not having affecting the irritation and/or infection in the least.  
See Health services Division Policy Manual C-23.1 Position Description Sections I II III IV Also see P-24, C 24.1 Staffing levels Discussion

Dr. Hults, continued to prescribe Nystatin Triamcinolone cream after he knew that the medication was not working and had knowledge that the medication Dosage and administration instruction states that if the symptoms persist after 25 days of usage. This is the only treatment Dr. Hult has been prescribing for the past year. See Pharmaceuticals D 27.1 Procedures A, B, C, D, E, F, G also see Direct medical orders Policy also see Procedures I A, B, C, D II.

September 25, 00 Dr. Hults prescribed me medication for treatment of herpes based on further guessing that he's done for the past year while I've suffer phy, calg & mentally. See Infection control committee D.14.2 See responsible Health Authority A 021 and P 14 Infection control program Also see Licensure and Credential verification C 18.1

Due to the ~~neg~~ negligence of Dr. Hults and the WALLACE unit medical administration I've suffered physically & mentally and have been left in great fear and danger due to possible

unit spread of what ever it is that I've been left to suffer with for the past year.

I've been severely punished by this Wallace Unit administration due to a female officer walked up to my door in Wing 216 B-17-00 9:15 pm as I was setting at the end of my bunk applying the only medication that Dr. Hults has choose to prescribe for the past year after knowing it was not working and should have been used for only 25 days.

I've suffered ~~too~~ cruel and unusual punishment & in danger - ment due to this doctor & medical administration negligence due to the female officer wrote me a sexual misconduct case & I had to live in fear of spreading this unknown irritation or infection for the past year.

Action Requested to Resolve your Complaint. see Ruiz v Scott

Medical Authority review my medical chart and records that I have for 9-19-99 to present 9-25-00 and see verouse appointments and attempts to recieve proper treatment and assert it's Authority, and have all administrative punishment reversed due to Dr. Hults negligence. Get proper treat

Offender Signature: Curtis McKinnon Date: 10-5-00

#### Administration's Decision

- ☐ Mandatory referral to IAD (Grievance worksheet attached)
- ☐ No action warranted (Explain).

Per medical, you are receiving appropriate care for your diagnosis. No action is warranted. This office defers to the professional medical judgement of the Unit Health Authority.

Signature Authority: W. Well

Date: 10-23-00

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the Step 1 response. State your reason for appeal on the Step 2 form.

#### Returned because:

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Grievable time period has expired.             | <input type="checkbox"/> 6. No requested relief is stated.*  |
| <input type="checkbox"/> 2. Submission in excess of 1 every 7 days*        | <input type="checkbox"/> 7. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.   |
| <input type="checkbox"/> 3. Original not submitted*                        | <input type="checkbox"/> 8. The issue presented is not grievable.  |
| <input type="checkbox"/> 4. Inappropriate/excessive attachments*           | <input type="checkbox"/> 9. No remedy exists.  |
| <input type="checkbox"/> 5. No documented attempt at informal resolution.* | <input type="checkbox"/> 10. Illegible/Incomprehensible*   |
| *You may resubmit this issue once corrections are made.                    | <input type="checkbox"/> 11. Inappropriate (request is for employee disciplinary action or consequential or punitive damages). |

**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McKinney, CurtisTDCJ No.: 534028Unit: WARE

Date & Time	Notes
5/18/98	0800 continued in SC about medical TX - firewood records are in <u>Spiller</u>
5/18/98	<p>1630 offender in for NSC - % or about medical TX. VS wt 217 T 99.0 P 64 R 18 B/P 150/86 offender observed in waiting room &amp; distress talking at laughing stated HA back injury forward BP sharp pain "7.5" on pain scale 1-10. pain rotated to @ leg &amp; foot</p> <p>from <u>stated</u> at morning at night. numbness to @ leg at @ forearm weakness noted <sup>ELKOR</sup> &amp; bruise @ discoloration @ edema noted walking <sup>ELKOR</sup> slow into medical. Noted offender leaving medical walking fast pace Full ROM. Radial pulse present.</p> <p>(A) Health sitting behavior. (B) Continue current med apply warm compress at hour MD/PA appt schedule 5-19-98 per muscular protocol. Left note to medical records offender requested forward health records send over to war unit. Instructed offender good body mechanic and apply <sup>ELKOR</sup> warm compress.</p>
5-19-98	<p>0800 T 98.0 P 60 R 18 T 98.5 - <u>Callio</u> <u>QVN</u></p> <p>✓</p>

Please sign each entry with status.

# CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McKinney, Curtis  
TDCJ No.: 534028  
Unit: CC

Date & Time	Notes
4-24-99 1250	Escorted to Infirmary for physical @ 1216. 17798 101/132. 109.8 5 physical locations noted to knuckles both hands, & other injury noted (A) Impaled skin in - (B) Cleaned & soap & H <sub>2</sub> O, re-secured to security in handcuffs. CALVO SR
4-27-99 0547	I-60 rec'd @ 0541 C/o requesting that you please consider recommending that I be transferred to a unit facility that can further diagnose physical and mental injuries & disabilities and offer physical therapy. Refer to PHSA. Downman
4-27-99 0605	In for work @ 201 10/100 62 re 10 T9.2 - CALVO SR
4-27-99 1010	P. L/B P.m. S-H. C 4 LB p.m. - Hx. Spine (injury 1982 of C-S spine - dx. @ Ant time C-S spine C-5/6 C-6/7 Neurosurgeon to perform Quadriplegia Request for CT Scan done of P.C. ESS. No fracture A. Hx. Back pain - back pain @ 100 point LB pain lateral

Please sign each entry with status.

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name:

McKorey, Curtis

TDCJ No.:

SG4038

Unit:

C23

Date &amp; Time

Notes

4-27-99

Center 1

P. (1) will Request ct spine  
pgm - will prob be denied

(2) Center cont Restraints

(3) F/C per

add: pt to obtain Medical  
Records From Arresting Physician  
in Free World

A.R. Dukes, PA

4-27-99

1545 Request for CT, <sup>scan</sup> was deniedMr. Jones from Utilization is reconsidering the  
request and will let unit know

4-28-99

1600 Letter received from offender requesting medical  
transfer due to weakness of st. side of body - unable to  
"defend himself" st. leg drags often - this causes  
pain to lower back - mobility is very slow -

will await decision of psych, scheduled 4-28-99

5-5-99

1200. Offender WI % bring dizzy. States he took

BP med 10 min. ago. T 97.6 P 81 R 14 BP 153/88

Skin warm, dry. Gait steady. Lungs clear to ausc.  
beat HR strong, reg. (A) Sensory/perceptual alteration -  
dizziness (P) BP in 20 min

K. Hammond RN

Name: McKinney, Curtis  
 TDCJ No.: 534038  
 Unit: JOHN T. MONTEFORD

**CLINIC NOTES**  
 TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
 INSTITUTIONAL DIVISION

Date & Time

Notes

02-01-02

0945

OUT PATIENT SPECIALTY CLINIC: ORINO

HT. 5'8" WT. 231

BP 142/88

T 97.5

P 65

R 20

AGE 34

6'11"

ALLERGIES: NKDA

@ request by M.D.

3/4 12/14/01 -

See neuro. Smit

B. Johnson

MRI - C-SPINE STENOSIS  
Needs TO go TO Spine  
Surgeon. (ie Neurosurgery)  
ASAP.

Hass



MARK S. MAXWELL

(915) 670-4742

p. 2



MARK S. MAXWELL, D.O.  
NEUROSURGERY

1101 N. 19TH STREET  
SUITE 121  
ABILENE, TEXAS 79601  
915-670-4747  
Fax 915-670-4742

*KN*

*IP ON NS 080602-MJ*  
*90497*

August 2, 2002

PROGRESS NOTE

Re: Curtis McKinney  
TDCJ# 534028

I saw Curtis McKinney again on 8-2-02. Mr. McKinney is a 35 year old from Neal Unit, seen at the French Robertson Unit. I saw Mr. McKinney before and he had pretty severe stenosis at C3-4 and to a lesser degree at C4-5 with a syrinx already started from C3 to C5.

I had talked to him about having decompression at C3, C4 and C5 and also about doing his carpal tunnel on the right side which was picked up during his exam which we had planned to do. We originally got him scheduled for surgery and he backed out thinking he was going to get paroled and was wanting to wait and do it on the outside, but his parole didn't come through yet, he is going to be here for awhile and he wants to proceed.

He continues to have the same problems that he had before. He has not really gotten any improvement and we continue to be concerned about the rather significant and dramatic stenosis right over his syrinx.

We talked at some length again about risks, complications, other things to consider, other approaches and other options including not doing anything at all. I have offered as well to decompress his carpal tunnel so he can get it done at the same time. It is less symptomatic, but he also wants to improve the function in that nerve if at all possible at the same time. I think that is a wise choice since he will already be under a general anesthetic for his neck. I reminded him to quit taking any nonsteroidals between now and the time that it is done. I am going to send labs out today to screen him for any communicable diseases that would inhibit his ability to go into surgery. I will get him scheduled as soon as I can get approval.

MARK S. MAXWELL, D.O.

MSM:lca

DATE RECEIVED AT LIST	<i>08/15/02</i>
DATE REVIEWED BY PHYSICIAN	<i>1/1</i>
SIGNATURE OF PHYSICIAN	<i>[Signature]</i>
FOLLOW-UP/RECOMMENDATION	<i>4 RB waiting surg.</i>
RECEIVED IN M.R.	<i>08/15/02</i>


Dictated but not proofread to expedite. Subject to dictation/transcription variances. 000135


TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
DEPARTMENT OF RADIOLOGY  
3601 4TH STREET  
LUBBOCK, TX 79430

PATIENT NAME: MCKINNEY, CURTIS  
DATE: 1-03-02  
NUMBER: 53 40 28  
PHYSICIAN: POST  
LOCATION: MONTFORD UNIT

REPORT: PAGE TWO.

COMPATIBLE WITH BROAD-BASED CENTRAL DESICCATED DISC  
DISEASE. MILD DISC BULGE AT THE LEVEL OF C4-C5 AND C5-C6  
ALSO CANNOT BE RULED OUT ON THIS EXAMINATION.  
CLINICAL CORRELATION AND COMPARISON WITH THE PRIOR  
STUDY ARE SUGGESTED.

  
DAVID SABBAR, M.D.  
DS: jm  
DD: 1-07-02  
DT: 1-07-02 1803 HOURS

A.J. CURTI, MD  
  
JAN 18 2002

000146

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
DEPARTMENT OF RADIOLOGY  
3601 4TH STREET  
LUBBOCK, TX 79430

PATIENT NAME: MCKINNEY, CURTIS  
DATE: 1-03-02  
NUMBER: 53 40 28  
PHYSICIAN: POST  
LOCATION: MONTFORD UNIT

CLINICAL INFORMATION: Cord injury.

REPORT:

R. TORIO, MD  
JAN 09 2002

MRI SCAN OF THE CERVICAL SPINE:

TECHNIQUE: Standard protocol MRI of the cervical spine was performed with sagittal T1 and T2 and axial T2.

FINDINGS: The previous films are not available for comparison. There is evidence of diffuse broad-based central and paracentral extradural defect at the level of C3-C4 which is causing spinal canal stenosis at this level and extrinsic pressure along the thecal sac and probably nerve root, more at the left side. There is evidence of compression along the cervical spinal cord at the level of C3-C4 and narrowing of the cervical spinal cord at this level.

Mild disc bulge at the level of C4-C5 and C5-C6 also cannot be ruled out.

IMPRESSION:

A BROAD-BASED EXTRADURAL DEFECT AT THE LEVEL OF C3-C4 CAUSING SPINAL CANAL STENOSIS AT THIS LEVEL AS WELL AS EXTRINSIC PRESSURE ALONG THE THECAL SAC AND PROBABLY NERVE ROOT AT THE LEFT SIDE AND NARROWING OF THE CERVICAL SPINAL CORD AT THIS LEVEL. THESE FINDINGS ARE

\*\*\*CONTINUED ON PAGE TWO\*\*\*

000145

5-18-02

Dear Mrs. Anderson

My name is Curtis McKinney # 534028. During our scheduled meeting last week I mentioned being considered to be medically transferred due to the following.

- (1) I suffer spinal canal stenoses that causing extrinsic pressure along the thecal sac and nerve root plus compression along the cervical spinal cord which has caused narrowing of the cervical spinal cord at C-3, 4, 5, and 6 spine level.
- (2) I lost 90% of my physical ability in my ~~left~~ right hand that was first diagnosed as carpal tunnel but the neurosurgeon stated that it's a strong possibility that the narrowing and compression at the C- spine level could be the cause due to control of limbs start at the C- spine level.
- (3) My walking is very slow and I often lose my sense of balance plus I experience complete numbness in both of my legs if I roll over off my back while sleep which all cause me problems with security due to others have to often go around me on the walk I often drift out side the yellow line plus have problem on the shower due to lose and/or unstable balance. I'm stuck out alot due to having to wait

c/c

for the feeling to come back into legs.

- (4) The neuro surgeon stated that I  
at a very high risk of quadriplegia  
that could be ~~low~~ brought on by the  
minorist conflict which is more  
likely in this younger setting of  
different races

I'm going to attempt to wait  
to have the schedule C spine  
surgery due to the complex nature  
and the extended possibilities plus  
I do not want the person and/or  
persons originally responsible to  
attempt to put the blame for my  
physical medical condition on T.D.C. J  
or the neuro surgeon. Also I'm afraid  
and would like to have my family sup-  
port and comforting and our family doctor  
to supervise the surgery and after care.

40

Can you please review my C-spine  
M.R.I. notes and see if I at all  
possibly meet the medical transfer  
requirements.

Thank you  
Curtis McKimney  
# 534028

J1 - C Bld cell 118

I will talk with MD and  
see what I can get done - We  
will review & submit for transfer.

MD Anderson RN

3-21-02

DATE: 12-12-2002Offender: Curtis Marwin McKinneyDCJ-ID# 534028KN

Facility

our recent correspondence/inquiry was forwarded to/received by the TDCJ Health Services, Office of Professional Standards for investigation or response.

\_\_\_ Your correspondence requesting a specialty clinic has been reviewed.

\_\_\_ No referral was documented on the computer. Subsequently there is no indication that a referral was submitted.

\_\_\_ A referral was submitted and the Utilization Review Committee has returned it requesting additional information from the provider before a final decision will be made. The provider has 14 days to submit this information and if not received in this time frame the referral is automatically denied. Check with your facility medical department.

\_\_\_ A referral was submitted and **based on the information provided** the Utilization Review Committee determined your condition did not meet the criteria for a specialty clinic evaluation and an appointment was denied.

\_\_\_ The Utilization Review Committee has reviewed the referral and approved it.

\_\_\_ a.) The appointment date is currently pending.

\_\_\_ b.) Your appointment was/is scheduled for

\_\_\_ if you have not already gone for the appointment. The exact date will not be provided due to security reasons.

\_\_\_ Should you have any additional questions about the appointment, you may direct them to the Facility Management Team.

**It is the facility clinicians decision and responsibility to determine the need for referral to a specialty clinic.** The Utilization Review committee has the authority to review and make a determination if an appointment is indicated based upon the information provided. In both instances these are clinical decisions and are not under the purview of this office. **You should direct questions about those decisions to the Facility Medical Management Team.**

\_\_\_ When an offender is seen by a specialty clinic physician, the orders, prescriptions and treatment suggested are recommendations. Recommendations emanating from a specialty clinic physician or private physician are considered a means of providing professional consultation opinions, which may be incorporated into the overall care plan, as the primary care physician deems appropriate (the primary care physician is the facility physician). Upon requesting/obtaining medical records/consultation reports, the primary care provider continues to maintain responsibility for providing individual care. In no way can this process abdicate the primary care providers patient responsibility. The information from consultants/private physicians etc. is used in the facility based practice setting by the primary physician in formulating an individual treatment plan. He/she may endorse, modify, and/or deny any and all, based upon their professional judgement. **If you have additional questions/concerns please direct them to your facility Medical Management Team.**

\_\_\_ Orders for non-formulary medications must be reviewed and approved by the Pharmacy and Therapeutics Committee. Due to this process there may be delays in receiving this medication, or it may be substituted. **If you have additional questions, you may wish to submit a sick call request and discuss your concerns with your facility provider.**

\_\_\_ The TDCJ makes Offenders available at the TDCJ Hospital at Galveston for voluntary organ or tissue donation. The consent for organ or tissue donation, as well as the charges incurred in the preliminary testing and the actual donation process, are the sole responsibility of the donor, donor recipient, and organization financially responsible for the donation (including lab work, shipping and all hospital charges).

\_\_\_ All requests for Offender participation in organ or tissue donation must be originated from the physician managing the organ recipient transplantation team. A notarized statement from the Offender requesting such an access must accompany the request.

\_\_\_ The transplantation team will be responsible for informed consent in writing. All donations are free and voluntary. **The Offender will receive no award or compensation in any kind** for his/her donation, including but not limited to preferred treatment by the TDCJ or improved opportunity for parole.

\_\_\_ If you have additional questions you may direct them to the Facility Medical Department.

\_\_\_ Treatment priorities for dental care are categorized as **Emergency (Priority 1), Urgent (Priority 2), Interceptive (Priority 3), Rehabilitative (Priority 4) and Complete (Priority 5).** Patient priorities are assigned based on the condition of the individual at the end of an appointment.

\_\_\_ All offenders are eligible for Priority 1 and 2 conditions. Priority 3 conditions require a minimum of 6 months incarceration and the offender must maintain a Plaque Index with results of 20% or less. Priority 4 conditions require a minimum of 12 months incarceration and the offender must maintain a Plaque Index of 20% or less. Priority 5 care has no conditions for care. If you have additional questions you may contact your facility Dentist.

If you believe you have a foot problem requiring special footwear, it is your decision and responsibility to submit a sick call request for evaluation and determine the type of care indicated if any. The decision to refer you to a specialty clinic is the responsibility of the facility clinician.

\_\_\_ If you have had special footwear or a softsole shoe pass (non-steel toe footwear) in the past, you will need to be re-evaluated as the criteria for them may have changed.

\_\_\_ The majority of basic foot care is now provided by the clinicians at the facility of assignment. If, after your evaluation, the facility clinician finds no physical evidence for special shoes, you will be sent to Necessities for standard issued footwear.

\_\_\_ Any requests to have tennis shoes or special footwear from home/freeworld should be cleared through the Facility Warden's office and the Facility Medical Department. They will be able to tell you if it is acceptable and the proper procedures to follow. Additionally, tennis shoes may be purchased at your facility commissary. Should the facility Warden not allow footwear to be sent in; this is an administrative decision and does not fall under the purview of the medical department.

\_\_\_ If you have additional questions or concerns, you may contact the Facility Medical Department for further information/guidance.

\_\_\_ Your inquiry/complaint concerning TDCJ provided non-medical footwear has been received by/forwarded to the Office of Professional Standards. Footwear will be obtained through the facility Prison Store. The Prison Store has steel toe brogans/non-steel brogans in sizes 3 1/2 through size 16 in regular and wide widths. They also have canvas shoes in sizes 7 through 16 (whole sizes only) and insoles for shoes in 3 sizes that can be trimmed to fit.

\_\_\_ When needed footwear is not available on the unit or available through the Prison Store (example-bigger sizes or wider widths) the Facility Laundry or Assistant Laundry Manager has a process he/she can initiate in order to obtain proper fitting footwear.

\_\_\_ If you have questions/complaints about sizes, widths, safety toe/non-safety toe and or fit, this is not a medical issue. Complaints of this nature must be directed to the facility Laundry Manager or his/her designee. **These are not medical issues and are not addressed by the Medical Department or the TDCJ-Health Services Division. If you are not satisfied with the facility response you may direct your concerns to the Assistant Director for Laundry Services at P.O. Box 99, Huntsville, Texas 77342-0099. You also have access to the Offender Grievance Process.**

\_\_\_ Once you have attempted appropriate informal resolution at your facility and you continue to be dissatisfied you may utilize the Grievance process.

Sincerely,

## PATIENT LIAISON PROGRAM

Xc: \_\_\_\_\_

Xc (w/enc.): \_\_\_\_\_

\_\_\_ Enclosure(s)

Reference No.: 02/08

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
Educational Brochure

DATE: 12-12-2002

Offender: Curtis Marvin Mc Kenney

TDCJ-ID #: 534028

KN Facility

The Health Care at the Neal Facility is the responsibility of the Texas Tech University Health Science Center-Correctional Managed Health Care (TTUHSC-CMHC).

In your correspondence you state you disagree with treatment/medications ordered (or not ordered) and/or outcomes of your visits with and/or chart reviews by a practitioner and/or complaints about TTUHSC-CMHC personnel. These issues are quality of care/clinic issues and/or TTUHSC-CMHC personnel issues. The Texas Department of Criminal Justice-Health Services Division is not responsible for daily health care decisions including quality of care/clinical decisions, direct patient care services and TTUHSC-CMHC personnel.

The issues you present are the responsibility of the Texas Tech University Health Science Center-Correctional Managed Health Care (TTUHSC-CMHC). You should first attempt informal resolution at your facility by directing your complaints through the facility medical departments complaint process. If you are dissatisfied with that outcome you should direct further complaints to:

William Gonzalez, M.D.

Medical Director

TTUHSC-CMHC

3223 South Loop 289, Suite 210

Lubbock, Texas 79423

Sincerely,

Patient Liaison Program

Xc:

Reference #: 02/08

## \*\*\*Indigent Supply/Postage Request (ISPR)\*\*\*

Name/Nombre Curtis McKinney TDCJ# 534028Housing/Alojamiento C105 Date/Fecha 12/2/02**Inmates Fill In Section "A" Only Using Number Amounts**

## Section "A"

## Section "B"

	<u>Per</u>	<u>Legal</u>		<u>Per</u>	<u>Legal</u>
Paper/Papel:	_____	_____			
Carbon Paper/Papel	_____	_____	<input type="checkbox"/>		<u>Exchanged</u>
Carbon:	_____	_____			
Envelopes/Sobres:	_____	_____			
Writ Envelopes/Sobres	_____	_____	<input type="checkbox"/>		<u>Justified</u>
De Escrita:	_____	_____			
Pen/Pluma:	_____	_____	<input type="checkbox"/>		<u>Exchanged</u>
Letters/Cartas:	<u>1</u>	_____			
			Postage		Below

Inmate's Signature/Firma: Curtis McKinney

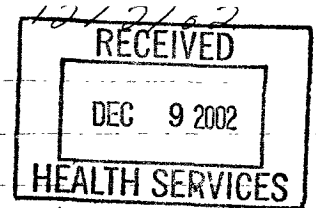
## Section "C"

	<u>Per</u>	<u>Legal</u>	<u>Postage</u>
_____ Not Indigent			
_____ Indigent under 60 days			<u>@\$ .37</u>
_____ Indigent over 60 days			<u>@\$ .23</u>
_____ Commissary Restriction			<u>@\$ .05</u>
_____ Other Restrictions			<u>@\$ .01</u>
Date Processed: _____			<u>@\$ _____</u>
_____ Not Supply Day			<u>@\$ _____</u>

\*I-310 (12/00) Over - For Additional Supplies



Dear Mrs McKinney



Pg (1)

My name is Curtis McKinney  
T.D.C.J. ID # 534028.

I'm writing you due too my physical condition has greatly deteriorated sence I had a surgery on my C. spinal Cord at levels 2, 3, 4 and 5 and a carpal tunnel surgery on my right hand August 14, 2002. I have not recieved any form of rehabilitation on my hand even after the head doctor ordered hand balls to rehabilitate my hand with which is noted in my medical chart.

4/c

The neuro surgeon that performed the surgeries Dr. Maxwell told me that I would be recieving physical rehabilitational therapy too regain my strength motor skills and range of motion that I lost due the greatly deteriorated condition I was in due to the spinal cord condition that had deteriorated too due too a four year delay in diagnosing and attempting too correct the problem by Wallace Unit medical administration.

Dr Lucy here at the Neal unit claims that there isn't any order for physical rehabilitation order but he also claim that there isn't a order for the hand balls to rehabilitate my hand in my file but I saw the order in my chart while viewing my medical chart

Pg (2)

My physical condition has greatly deteriorated since the August 16<sup>th</sup> injuries.

My arms and legs are very heavy and weak. I have very poor regressing ~~mob~~ mobile skills and range of motion.

My right leg is noticeably dragging and I am numb in my shoulders and arm plus right leg and my right hand is very weak and uncoordinated and further deteriorating. I fell as if I've run up a hill after walking just a short distance in my legs. I'm having sharp shooting pains that go up in the back of the left side of my brain as well as all through my body.

I've been left vulnerable in this very hostile environment and have become very worried about my life and well being due to the area of the spinal cord that I had surgery stems off to my brain and I have not been physical rehabilitated at all to attempt to defend myself. I've already been attacked by T.O.C. J. I.D. official August 30<sup>th</sup> & 31<sup>st</sup> which has caused a great deal of difficulties and pain. I need some rehabilitational therapy.

Curtis McKinney  
# 534028

9055 Spur 591

Rm. ~~acillo~~

Tx 79107



## Texas Department of Criminal Justice

STEP 2

PASO 2

OFFENDER  
GRIEVANCE FORM

Forma Para Quejas de los Preso

Offender Name: Marvin McKinney TDCJ # 534028  
 Unit: Neal Kn Housing Assignment: A 103B  
 Unit where incident occurred: Same Kn

## OFFICE USE ONLY

Para Uso De La Oficiaria Solamente

Grievance #: 2003003529UGI Rec'd Date: 10-21-02HQ Rec'd Date: OCT 24 2002Date Due: 11-25-02Grievance Code: 621,003Investigator Number: S☐ EM☐ UOF☐ MEC☐ ADA☐ REL☐ SSI

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The only clinic I missed was when I was at the hospital 8-1-02 to 8-28-02 and the Sept 7th appointment was missed due to I was still locked up in P.H.D until later that morning. The cause of this grievance is due to I did not receive my blood pressure medication August 29 thru Sept 6th even after my blood pressure was recorded at a life threatening rate August 31, 02 at about 180/130 which records will show as I was taken to medical after a use of force for P.H.D which was under record I reported complications to nurse nurses and officers that reported the complaints to medical plus I wrote the medical administrator 9-3-02 but was denied necessary medical treatment as in the case of Newsum v. Siehoff 374 F.Supp 1189 and was subjected to heart attack and stroke as officers reported inappropriate comment made by medical staff as in Robinson v. Jordan 494 F.2d 793 5th Cir and due to blood pressure or chest pains were not checked. Due to medical records will show that I've been a chronic high blood pressure patient of 5 years yet this medical administrator at the Neal unit showed and acted with deliberated indifference as in Williams v. Vincent 503 F.2d 541 2d Cir. Also this medical administrator violated Texas Health Services Procedures Governance and Administration Policies and Administrative rules mentioned in step-one # 2003003529. Please review medical file 8-29-02 - 9-6-02 plus names & dates of reports to officer officers and

*issues are available that placed my life in danger and jeopardized my well being*

OCT 24 2002

Offender Signature:

*Curtis McKinney*

Date:

*10-20-02*

Appellate Decision and Reason:

- ☐ The Step 1 answer has addressed your complaint. No action will be taken.
- ☐ You have not provided a good reason for your appeal or for this office to review your claims further. No action will be taken.
- ☐ The issue you raise has been resolved or is pending resolution and no further action is warranted.
- ☐ The issues you present have already been reviewed. No further appeals of the same issues will be addressed. No action will be taken by this office.

2003003529

McKinney, Curtis

534028

A review of the grievance, medical records, and medication compliance report shows that medication was ordered on 9/28/02 as a renewal. It was to start on 10/3/02 allowing time for the medication to be shipped from the pharmacy. The medication was not received by you until 10/7/02. While you cannot receive the medication retroactively, this issue is being forwarded for official review. Resolution is pending through the grievance mechanism.

Signature Authority:

*Lynn Allen*

Date:

*11-18-02*

Returned Because:

**Lynn Allen  
Grievance Supervisor**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible\*
- ☐ 3. Originals not submitted\*
- ☐ 4. Inappropriate/Excessive attachments\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.
- ☐ 6. Inappropriate (request is for employee disciplinary action or consequential or punitive damages).

\*You may resubmit this issue once corrections are made.

Grievance Staff:

Emergency



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORM

A-103

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: meal Housing Assignment: B-106  
 Unit where incident occurred: Same C1-18B

## OFFICE USE ONLY

Grievance #: 2003003529  
 Date Received: 9-5-02  
 Date Due: 10-15-02  
 Grievance Code: 621,003  
 Investigator ID #: I0312  
 Extension Date: \_\_\_\_\_  
 Date Ret'd to Offender: OCT 15 2002

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nurse Burns & male nurse When? 8-31-02

What was their response? said that there was not any thing they could do.

What action was taken? none

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Medical Administrator Mr. Shelton, Dr. Lacy, RN Burns the male and other medical personal has knowingly and intentionally placed my life in great danger due to I've been without my chronic high blood pressure medication since 8-28-02 due to Dr. Lacy negligence in direct violation of health services Procedures Governance and Administration P-21 Access to care, Responsible health Authority A-02 and A-031, Health services Policies A-02-5.1 Physician Peer Review A-13.1 Pharmaceuticals P-271 and D27.2 Direct medical orders E-40.1, Responsible health Authority A-02.1 And due to Dr. Lacy refused to interview in a matter of security in a stress full condition that could and/or delayed to have cause damage to a spinal surgery just 15 day old 8/16-02 date of the spinal surgery which cause excruciating pain that cause my blood pressure to go to a life threatening and/or stroke level and refused to act as the Authority and securities Action when health and life threat issue was at hand.

Medical Administrator Mr. Shelton fail to administer and/or govern AFFAIRS of the medical unit medical personal in violation of Access to care A-01, Responsible health Authority A-02.1 & A-03.1 policies and Procedures A-031 Patient Information Program A-10.2 Physician Peer Review A-13.1 Section 8 manage a safe and healthy environment, environmental Inspections R-15.1 Section C Personal and Financial

Burns and male nurse 8-31-02 Pre detention medical examiners. due to being recorded my blood pressure at a life threatening level and/or stroke right at about 180/130 180/130 and showed know concern for my life health or well being as I complained of light headedness faint fell and dizzy ness and refused to have care taken from behind my back while recorded my blood pressure at such a life threatening rate and refusing to respond to officers dated 8-31-02 and silent report of my complaint nurses at about 3:40 pm And the main officer states that officer Flanagan as stated had been made believe 551 believe to be the three of four as I consistently complained out of fear of my life as

problems increased and nurse that brought medication believe being late 9-1-02 at about 12:45pm that I complained and gave information and officer Gallaway that asked that they were on the way 9-1-02 at about 3:40 pm and the nurse that brought me to the ER was to me 9-2-02 at about 4:15pm due to I told her of five year as a chronic high blood pressure suffer in which Dr. Barnes & male nurse had in there hand my medical chart with the five year chronic history after they recorded it at a such a slow process high but without security rather than show any regards for human life all in violation of access to care as I Health Services Policies A-25.1 Section Primary Access Health care must section Personal Privacy. A 9-3-02 12:00pm I still have not received my final treatment medication or even pressure check up I only have received 100mg medication at 9-2-02 and I know that this is a violation of the

#### Action Requested to resolve your Complaint.

Check Compliance for the last time I had medication Forward to Rachel McKinney for review at police and standards program be brought in for personal care check pressure be examined by doctor due to possibility of light stroke has been suffered due to increases

Offender Signature: Daniel McKinney Date: 9-3-02

#### Grievance Response:

Your medical record indicates that you were seen in the clinic numerous times over the past three weeks. It also shows where you failed to show up for scheduled clinic appointments. Furthermore, your record indicates that you were seen by Dr. Lacy on 9-12-02 and your HTN is controlled. This office must defer to the expertise of the medical department in caring for your health care needs.

#### Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

#### Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. No documented attempt at informal resolution.\*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.\*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible.\*
- ☐ 11. Inappropriate.\*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

#### OFFICE USE ONLY

##### Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 2<sup>nd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

##### 3<sup>rd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McKinney, CurtisTDCJ No.: 534008Unit: KN

Date & Time	Notes
10-8-02 1130	Blue card issued for shower chair <i>Walden</i>
10-8-02 1320	Orders noted. <i>M. Beversen</i>
10-15-02	Neat Unit H.E. 1050 To mp for physical See H2m-4 <i>Chapman</i>
	Should be progressing after surgery It gets around well - Neck tender now 8w PO 1. Instinctive in PT - 3/4 Handicap shower use 3 months only <i>Long</i>
10-16-02 1150	Spoke to Captain Aguirre on the phone concerning use of handicap shower. <i>Walden</i> Captain Aguirre stated that offender will be moved to A-wing where handicap shower is.
10-15-02 1320	Orders noted. <i>M. Beversen</i>
10-16-02 @ 1148	Made MD Appt for 10-17-02 @ 1000 hrs re-evaluation for neck brace <i>Richardson</i>

Please sign each entry with status.

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McKinney, CurtisTDCJ No.: 534028Unit: Neal

Date & Time	Notes
12-11-02 1110	<p>⑤ to clinic for MD follow up from 12-6-02</p> <p>⑥ T-98° P-59 R-18 B/P-134/84 Wt-235</p> <p>⑦ Back problems</p> <p>⑧ Refer to MD. M. Reeves RN -</p> <p>1st Back Ex long time - MRF - 7001</p> <p>On Maxwell graduated + no Surg recommended -</p> <p>Had C Spine Surg laminectomy Aug 02</p> <p>is recovering -</p> <p>Ext his "condition" is deteriorating -</p> <p>Has done no exercise in months -</p> <p>⑨ Tender subjective over SI joints</p> <p>neg SLR + Patrick</p> <p>Widening - minor weakness Rt foot</p> <p>pruss toes of Rt foot</p> <p>Back Pain</p> <p>Refer for PT ✓</p> <p>Williams Exercise ✓</p> <p>Imprison 300 T @ 30X5/40P ✓</p>
12/11/02 130	orders noted. <u>S. Morris</u>

R. LACY, M.D.

Please sign each entry with status.



**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McKinney, Curtis  
 TDCJ No.: 534028  
 Unit: neal

Date & Time	Notes
12-12-02 0820	PT request (12-11-02) submitted to UM. Seward, Secretary IV
12-19-02 0745	Here for CCC. See ITP sheet M. Reeves.
12-19-02 @ 0925	orders noted Burns R
12/27/02 2100	Called to 1 building i present as patient pt. cp fall in the shower. lying half way up on floor of shower cp back + str left leg pain. Transferred to in Germany via W/c. See SAF 04 + HSN 17 protocol. A Day 2

Please sign each entry with status.

Name: McKinney, Curtis  
 TDCJ No.: 534028  
 Unit: Kr

**CLINIC NOTES**  
 TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
 INSTITUTIONAL DIVISION

Date & Time

Notes

12/16/02 @ 1010 - SLE 140 Sharp pain on mid and low back  
 NCL APPT SCHEDULED 1/16/03  
 AT 12/11/03 1640 - severe chronic upper & lower back  
 pain  
 12/10/03 240# - 97.7 - 74 - 20 - 154/98

A. C/o sharp shooting pains from  
 lower mid back into legs. Refuses  
 to bend due to increased pain.  
 Sleeping in fut 7 or pillows to  
 relieve pain. Guarded movement.  
 P. Appt. MD on 1/8/02. A Kay for  
 1-803  
 1150 O. T. 98.7 P. 64 R. 116 Bp 150/92 Wt. 240#  
 A. C/o back pain  
 P. Referred to MD

*a. morison*

**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McKinney, CurtisTDCJ No.: 534028Unit: KN

Date & Time	Notes
1-21-03 1330	Chad IN to Neal unit — Juddwh
1-24-03 @ 0630	SCR % — sharp pains lower back &
	down back of both legs & muscle cramps in
	neck NCL APPT. SCHEDULED 1-26-03 — Richardson Pt
1-26-03 0430	scheduled NCL c/o low back pain — 2nd visit
	see HSV-17 — Return visit to MD — Rx ineffective
	for pain — Eulorex LVN
1-26-03 0500	MD scheduled 1-30-03 — Eulorex LVN
1-26-03 0530	Chad into chronic clinic "HTN" appt scheduled — 37K
1-30-03 1030	MD appt —
	@ 98 <sup>4</sup> 79 18 — 16/02 wt - 239.
	@ % low back pain —
	Refer to MD — Juddwh
	Continues problem E back & RT leg
	Problem E scalp — dry
<div> Meds Ordered  Date 1-30-03  Sig. P </div>	Degenerative disc herniation Schonke Refer to Neurosurg ✓ Selenium sup use weekly 1700/KOP ✓
<div> is good only for 90 day  per HV Pharmacy PRPT </div>	
-30-03 1245	Orders noted. — M. Hayes RN.

Please sign each entry with status.



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Neal Housing Assignment: Utility #2  
 Unit where incident occurred: Neal

## OFFICE USE ONLY

Grievance #: 2003086838  
 UGI Recd Date: 3-5-03  
 HQ Recd Date: MAR 11 2003  
 Date Due: 4-9-03  
 Grievance Code: 200,804  
 Investigator ID #: 20258 D  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of this grievance is the fact that Major Baker knowingly and intentionally ~~change~~ the doctor orders for me to be housed on A wing due to ~~it~~ has a built in handicap shower after I reported problems that I was having with the portably handicap shower chair Oct 15, 2002 see medical records (Dr Lucy orders). After Major Baker and Miss Southern ignored the T-60 report that I reported the fact that me and my celly was having problems (due to he is a known active homosexual that was having sex with his boy friend in our cell) and was attempting too avoid physical confrontation so I filed a grievance in Miss Southern.

After receiving a move slip the evening after I filed the grievance too move from A-107 P too C 105 P. I went too Capt Aguirre which medical contacted 10/23/02 and ordered that I be moved from C 118 P too A ~~107~~ wing due too the built in handicap shower. Capt Aguirre called Major Baker (which authorized the move) and reported the fact that I was ordered moved on A wing by medical for the needed medical shower. I reported the celly problem before I got out of control so it was not a problem for me too stay on A wing in fact it seemed logical for the two homosexuals too be separated due too too illegal sexual activity would continue.

Major Baker told Capt Aguirre too tell me that I could stay in the cell with the problem or move too C wing which the doctor had ordered me moved off due too medical needs.

Dec 27, 2002 I fail trying to get out of the shower due too my legs got very weak which is why the handicap shower was needed due too the real unit medical department disregarded the ~~normal~~ neuro surgeons orders for me too be physical rehabilitated after having a major spinal cord surgery August 16 and the limited physical abilities had greatly deteriorated even further due to their negligence. And picked officer Howard would not give me the shower chair too use in the limited shower time we have on medium which is one of the problems I reported 12/15/02. When I finally was sent to physical therapy evaluation I was breathing really bad from the 12/27/02 shower lower back injury and could hardly walk the therapist gave me a chance to stay over the week and do nothing or come back the next week when I could get around better.

Offender Signature: Curtis McInnis Date: 3/21/03 **MAR 11 2003**

Grievance Response:

You were correctly advised at the unit level. No action is warranted.

Signature Authority:

  
**D. F. FONDREN**

Date:

**MAR 20 2003**

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

I-128 Back (Revised 9-1-2001)

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 1 OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003086838  
 Date Received: 1-15-03  
 Date Due: 2-24-03  
 Grievance Code: 200,804  
 Investigator ID: T0312  
 Extension Date: \_\_\_\_\_  
 Date Ret'd to Offender: FEB 21 2003

Offender Name: Curtis McKinney TDCJ #: 534028  
 Unit: neal Housing Assignment: C 122B  
 Unit where incident occurred: neal

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt. Southern, St Barned medical When? 12/27/02 <sup>4:15 PM</sup> 12/28/02

What was their response? would check it out / Scheduled to see the neuro surgeon

What action was taken? none / Scheduled to be examined

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I've suffered unnecessary and unwanted inflictions and infliction of pain due too Major Baker's deliberate indifference too my serious medical needs due too she willfully and intentional abused her authority by changing Dr Lucy's order for me too be moved from Cwing around or about October 15, 02 too A wing which has a built in handicap shower with rails due too close I've been rapidly losing strength and ability in my upper and lower limbs and coordination due too not being physically rehabilitated after having a major spinal cord surgery 8/14/02. Dr Lucy ordered for me too be moved too A wing due too increase the deterioration of abilities and the A wing shower has handicap rails plus due too problem that I was having with getting the handicap chair from office and sanitary problems with office using it for a foot stool due too a number of times a foot prints and some sort of chemical substances being on the chair when I get it out of the picket and I don't have any access too disinfected. Major Baker retaliated on my having too file a grievance complaint after I reported homosexual activity that was causing conflict with me and my celly due too he was having his boy friend in our cell while I was at Ramadan service and Mrs Southern and Major Baker fail too respond too the report that was leading too severe physical conflict (see grievance # 2003056359). Capt Arguine

~~Reported to Major Baker 9/27/02~~ the fact that I had been  
~~too A wing by medicals request due to the need for the~~  
~~Cape shower. Major Baker told Capt Aguirre that I was having~~  
~~could stay in the cell with the person that I used to help~~  
~~terms with or move back to the shower. I intended to get out of the shower~~  
~~built in handicap shower with the rails that I used to help~~  
~~balance while standing in the shower. I intended to get out of the shower~~  
~~# 37, PO 22# 23 and 339.04 violating my civil rights. I am suffering~~  
~~body injury due to I fell attempting to get out of the shower~~  
~~too I did not have the rails too hold and a officer guard but too the blue~~  
~~shower chair 12/27/02 and would not give it to me as I previously had them~~  
 Action Requested to resolve your Complaint. Call me in too get copies of witness statement on  
 interior of constructing system for investigation of inspection services  
 place on file for CIA James Fellowship of human rights watch and the NAACP  
 Be review for unit transfer die too constant abuse and harass  
 ation that I instantly suffered at the hands of someone administration  
 and I am in great fear of further retaliation due too this complaint

Offender Signature: Clinton McManis  
 Grievance Response:

Your complaint has been noted. You have been on A wing since your return from the RB unit on 1-21-03. According to Major Baker you were the one who requested to be moved. There was no retaliation found on the part of Major Baker. Medical was contacted regarding your complaint and has revealed to this office that your medical record indicates that Dr. Lacy wrote an order for a handicap shower for three months on 10-15-02. On 12-6-02, the P.A. wrote an order for a shower chair for 60 days. You were sent to Montford for physical therapy but you refused to stay for extended therapy. This office must defer to the expertise of the medical dept in caring for your medical needs.

Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State:

D.L. COLE

D.L. COLE

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.
- ☐ 3. Originals not submitted.
- ☐ 4. Inappropriate/Excessive attachments.
- ☐ 5. No documented attempt at informal resolution.
- ☐ 6. No requested relief is stated.
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible.
- ☐ 11. Inappropriate.

Signature: \_\_\_\_\_  
 Back (Revised 9-1-2001)

OFFICE USE ONLY	
Initial Submission	
Grievance #:	UGI Initials:
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	
2nd Submission	
Grievance #:	UGI Initials:
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	
3rd Submission	
Grievance #:	UGI Initials:
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	



Texas Department of Criminal Justice

## STEP 2

## OFFENDER GRIEVANCE FORM

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Neal Housing Assignment: C 122  
 Unit where incident occurred: Neal

OFFICE USE ONLY	
Grievance #:	<u>2003056359</u>
UGI Recd Date:	<u>1-14-03</u>
HQ Recd Date:	<u>JAN 17 2003</u>
Date Due:	<u>2-18</u>
Grievance Code:	<u>000</u>
Investigator ID #:	<u>20258</u> <span style="float: right;">D</span>
Extension Date:	

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

*Due too I had too file complaint # 2003056359 in an attempt too prevent further problems in between me and my celly due Major Baker and Mrs Southern Mrs Southern ignored the report I made too them that could have lead too severe injury too me due too medical problems that I already suffer due too a major spinal cord surgery on the area of the spinal cord that stem off too my brain*

*Out of retaliation too me having too file the complaint Major Baker moved me off of A wing with the fault in handicap shower with the safety rails even after it was brought too her attention that the unit doctor had requested that I be placed on A wing for the shower by Capt Augurine that I was over there on A wing for the handicap shower*

*Major Baker told Capt Augurine too tell me that I could stay in the cell with the person that was causing the problem due too him having his homosexual boyfriend in our cell for homosexual reasons which should have resulted in them being separated too different wing wings too prevent such incidents*

*Major Baker handled the problem in a racist manner due too the problem was in between two black inmates due too there are some some instances and for that mere*



as abuse as mine that involve concussion inmates that get prompt response with having to file complaint and are handle in a better justified manner.

Does ~~the~~ Major Baker abusing her authority and changing the doctor's orders for me to be house on A-wing with the handicapped shower with the rails after I had problem on C-wing in Oct 2002 with the shower chair. I've suffered unnecessary and unwanted infliction of pain and suffering after falling in the shower while attempting to get out due to a Co officer Howard took the shower chair 12/27/02 which is one of the problems that I had reported to Dr. Sacy in Oct which made him request A-wing housing.

Offender Signature: Curtis McKinney Date: 1/12/03

Grievance Response:

Appropriate action was taken at the unit level in regards to your life endangerment claims. Further investigation reveals you have been re-housed to A-Wing. No further action is warranted.

Signature Authority:



D. F. FONDREN

Date: FEB 04 2003

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

# OFFICE USE ONLY

## Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

## 2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

## 3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2003056359Date Received: 11-27-02Date Due: 1-6-03Grievance Code: 000Investigator ID #: ±0312Extension Date: JAN 06 2003Date Retd to Offender: JAN 06 2003Offender Name: Curtis McKinney TDCJ # 534028Unit: real Housing Assignment: A107BUnit where incident occurred: same C122

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt Smothers & Wast My Baker When? 11/18/02What was their response? Contact Mrs SouthernWhat action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Mrs Southern has knowingly and intentional placed my life and/or well being in great danger due to negligence and racist actions due to on 11/18/02 I reported to Mrs Southern that I've been having some problems with my celly inmate Williams a known homosexual that has been having his boy friend come in our cell for what ever they do. I spoke with him and he stated that he was not going to stop. Due to I am a muslim and recently had a major surgery on my spinal cord at the area that stems off to my brain 3/16/02 and could easily be paralyzed or killed due to lack of abilities some of my muslim brother's want to get involve and due to he has been on the unit a long time he has a lot of friends that want to get involve which can turn in to a major black on black incident. When Caucasian inmates complain about the simplest unfounded complaint about there celly they are quickly moved before it results into violence.

Mrs Southern is in direct violation of <sup>Levy 2191</sup> PD 22 # 21 Discrimination against persons or protected class due to African American inmates problems a leaked ones and/or disregarded due to lack of concern for them hurting one another. <sup>Levy 111</sup> PD 22 # 5. Reckless endangerment has been violated due to Mrs Southern knows from reports and medical records that I had a major spinal surgery at the area area that stems off to my brain 3/16/02 and could easily be killed or paralyzed from a physical confrontation. PD 22 # 8 Failure to follow proper safety procedures plus her legal duty to protect.

(7th Cir 1992)  
 offenders as in Swafford v Marshall 969 F2d 547, 549, Butler v Dand  
 979 F2d 661, 675 (8th Cir 1992) PD 22#7 Such a standard date, performance  
 level(4) due to Mrs Southern has repeatedly ignored a possible un-  
 derstandably incident after I reported it to her. I fill storage  
 that this is a act and/or another act of retaliation of this admn.  
 master Chief due to I've had to file complaints on super-  
 vising officials after being assaulted by a officer 8/30/02 and a un-  
 justified major use of force by Lt Nelson and then suffered another  
 unjustified use of force by Lt Pruden and Sgt Hinkle 8/31/02 for filing  
 a incident report 8/30/02 on the 8/30/02 incident and was written  
 cover 8/31/02 and placed on medium custody with more aggressive offenders PD 22#

**Action Requested to resolve your Complaint.**

I enter into the tracking system for investigation of directors  
 and agents. I investigate by inspector general office coordinator.  
 Refer to IAD team W. Green. Place on file for CIA James Holmes  
 of human rights. Investigated by the NAACP. More one of use  
 due to his boyfriend is coming in our cell

Offender Signature: Curtis McKinney Date: 11/22/02

**Grievance Response:**

Your grievance was thoroughly investigated and records indicate you  
 were moved on 11-27-02. No further action deemed necessary.

Signature Authority:

M. Munselle**M. MUNSELLE**Date: 1-4-03

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. No documented attempt at informal resolution.\*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.\*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible.\*
- ☐ 11. Inappropriate.\*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

**OFFICE USE ONLY****Initial Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2nd Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3rd Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department of Criminal Justice  
**STEP 2** **OFFENDER**  
**GRIEVANCE FORM**

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Estell Housing Assignment: D2-104  
 Unit where incident occurred: Roberson

## OFFICE USE ONLY

Grievance #: 2004111098  
 UGI Recd Date: MAY 21 2004  
 HQ Recd Date: MAY 27 2004  
 Date Due: 6-25  
 Grievance Code: 611, 623  
 Investigator ID #: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_ D

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

The core of grievance # 2004111098 is the fact that neuro surgeon Dr. Maxwell Knowly and intentional left me to suffer with pinched nerves at levels C5/6 and C4/5 and then abandon me leaving me to suffer from his acts of deliberate indifference to my serious medical condition and needs.

Dr. Maxwell never called me back and or sent for me for a post surgery follow up even after I reported to his office that I was having problems in the area soon after the surgery.

The neuro surgeon at U.T.M.B. ordered the physical and occupational therapy that I started over a year and a half (1 1/2 yrs) later Feb, 2004.

I never recieved therapy after the August 16, 2002 C-2-C3 surgery and further injured my self due to report problem and weaknesses that I begin to suffer which Dr. Maxwell also ignored.

My complaint does not have any thing to do with Mr. Chavers or U.T.M.B. .

The proper responded should have been Dr. Maxwell due to the complaint is solely on his delebrate indifference to my medical needs MAY 27 2004

Offender Signature: Curtis McKinneyDate: 5-23-2004

Grievance Response:

2004111098

McKinney, Curtis

534028

Review of your Step 1 grievance reflects that you failed to provide specific information, such as dates, to make investigation at this level possible. Based on the information provided, it appears that your access to medical care and/or treatment received an acceptable response at Step 1. Medical personnel complaints are the responsibility of the contracted university providers, who are not supervised by the TDCJ Health Services Division. If you have a concern about the clinical decision made, you may wish to direct that concern to the appropriate university official. In this instance, that is Dr. De Shields, (Attn: Angela Beltran), Office of Health Care Systems, 3901 State Jail Road, El Paso, Texas 79938. In order to expedite resolution of medical complaints, you are encouraged to utilize the facility's medical complaints process by contacting the facility medical complaints coordinator before filing a grievance. No further action through the grievance mechanism is warranted.

Signature Authority: Ahla ShabaazDate: 6-8-04Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

**Ahla Shabaaz, F.N.P., M.S.N., M.P.H.**  
**Director of Clinical Services**  
**TDCJ Health Services Division**

CGO Staff Signature: \_\_\_\_\_

I-128 Back (Revised 9-1-2001)

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2004111098Date Received: FEB 24 2004Date Due: 04-04-04Grievance Code: 611, 623Investigator ID #: 946Extension Date: 3-24-04

Date Retd to Offender: \_\_\_\_\_

Offender Name: Curtis McKinney TDCJ # 534028  
 Unit: Estelle Housing Assignment: H2-104-B  
 Unit where incident occurred: Roberson

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when <sup>9-22-03</sup> ~~appealing the results of a disciplinary hearing.~~ <sup>12-13-03</sup>

Who did you talk to (name, title)? Wrote Dr. Maxwell When? 4-23-03 - 2-13-04

What was their response? none

What action was taken? none left to suffer pain and disabilities

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

Dr. Mark Maxwell has repeatedly acted with deliberate indifference to my serious medical needs leaving me to suffer unnecessary and wanton pain due to I've been left with pinched nerves at levels C4/5 and C5/6 in which Dr. Maxwell operated on and has now left to suffer constant pain and loss of physical abilities due too there was not any rehabilitation or physical therapy ever done after the major spinal surgery at levels C2 - C6.

I've been left in great pain and physically disable and Dr. Maxwell has repeatedly ignored my reports of the problems that I've been left with after he convinced me that he would take care of me and do the best he could to help me me with my medical problems if I allowed him to perform the spinal surgery

**Action Requested to resolve your Complaint.**

After viewing the October, 2003 M.R.I  
I'd like a investigation into the matter and get  
the proper medical treatment to release me of  
the constant suffering and receive proper physical  
rehabilitation or therapy.

Offender Signature: Curtis McKinneyDate: 2-24-04**Grievance Response:**

McKinney, Curtis

TDCJ-ID # 534028 Grievance # 2004111098

An investigation was conducted into your complaint. J. Chavers, Cluster Practice Manager for Health Services checked your records on 2/24/04. Those records indicate that you have been afforded appropriate access to care while living on the Estelle Unit and this office will defer to the professional opinion of medical staff in regard to your diagnosis and subsequent care.

**Signature Authority:**

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

T. MORGAN

5/11/2004

**Returned because: \*Resubmit this form when corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated.\*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2001)

**OFFICE USE ONLY****Initial Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
DEPARTMENT OF RADIOLOGY  
3601 4TH STREET  
LUBBOCK, TX 79430

PATIENT NAME: MCKINNEY, CURTIS  
DATE: 1-03-02  
NUMBER: 53 40 28  
PHYSICIAN: POST  
LOCATION: MONTFORD UNIT

CLINICAL INFORMATION: Cord injury.  
REPORT:

MRI SCAN OF THE CERVICAL SPINE:

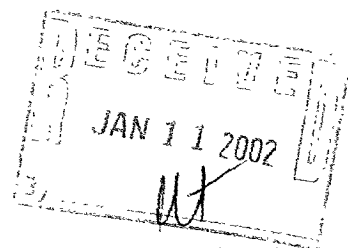
TECHNIQUE: Standard protocol MRI of the cervical spine was performed with sagittal T1 and T2 and axial T2.

FINDINGS: The previous films are not available for comparison. There is evidence of diffuse broad-based central and paracentral extradural defect at the level of C3-C4 which is causing spinal canal stenosis at this level and extrinsic pressure along the thecal sac and probably nerve root, more at the left side. There is evidence of compression along the cervical spinal cord at the level of C3-C4 and narrowing of the cervical spinal cord at this level.

Mild disc bulge at the level of C4-C5 and C5-C6 also cannot be ruled out.

IMPRESSION:  
A BROAD-BASED EXTRADURAL DEFECT AT THE LEVEL OF C3-C4  
CAUSING SPINAL CANAL STENOSIS AT THIS LEVEL AS WELL AS  
EXTRINSIC PRESSURE ALONG THE THECAL SAC AND PROBABLY  
NERVE ROOT AT THE LEFT SIDE AND NARROWING OF THE  
CERVICAL SPINAL CORD AT THIS LEVEL. THESE FINDINGS ARE

\*\*\*CONTINUED ON PAGE TWO\*\*\*





Name: MC Kinney Center  
TDCJ No.: 534024  
Unit: W2

**CLINIC NOTES**  
TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Date & Time

Notes

11-2-01 0915 in for HTN - See HSN - 289  
Flaylor L. R. G. Stoner

**Name:**

**TDCJ No.:**

Unit:

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Date & Time	Notes
10/30/01	2000 1-60 Red - 40-4000 suffering from severe sinus after finishing Indofed, Bezedyl, Nasal Spray. NSC on 10/31/01 at 2000. <i>Phone LUN</i>
10-31-01	2020 in for NSC & C <sup>5</sup> Allergies/Sinus/med med refill @ HSN-21 filed @ altered Comfort. <i>HW</i> <i>MD/p4 11-2-01</i> — <i>4 Taylor LUN</i>

Please sign each entry with status.

**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUST  
INSTITUTIONAL DIVISION

Name: McKinney, Curtis  
 TDCJ No.: 534029  
 Unit: WC

Date & Time	Notes
10-18-01	1023 Offender into medical records to review records — Rowan Su
10-18-01	0600 in for sinus infection - wot 233 M/P 120 P 60 R 20 Temp 97.2 Taylor Lu
10-19-01	P. Rhinits — S 15 phase - by. mth hndme pros D. Hunt - bobby folbates — Remmder Hunt Lu West - Len D Pst — A Rhinits V- Q/S dated 30 g b. L — X10d - KOD Rhin (2) X Benadryl 50 g b S — X10d - Pdlme — (3) X Neosquepine 1000 — S pay 17 Pstas 10 d ju — X10d — (4) P/L ju — J. DUKES, PA
10-25-01	1230 MD/PA appt 11/2/01 for Flu Htn — Plonaku

Please sign each entry with status.

**CLINIC NOTES****TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION**

Name: McKinney, Curtis  
 TDCJ No.: 534028  
 Unit: WL

Date & Time	Notes
10-5-01 1420	Returned to WL unit from RMF ortho consult - Recomm -endations as follows: 1.) dorsal cock-up splint Rt 2.) Motrin 800mg tid c meals 3.) RT@ 6 wks, if no improvement, consider CTR. - W.O. Dr Hults / Webster Rn - noted 10-5-01 1420 Webster Rn - Dr R. Hults MD
10-10-01 0515	rec'd 1-60 c request to schedule appt to review med records - referred to Webster Rn Medical Records
10-10-01 0840	1-60 rec'd - request to review medical records. Log in 10-18-01. B. W. Tom Rn R. Hults, MD
10-17-01 @ 0500	160 % finishing Drapal still % sinus trouble NSC 10-17-01 @ 1100 Dr. Hults Rn
10/17/01 @ 1105	NSC ③ off in E cont % allergies sinuses draining yellow ft drainage from nose needs antibiotic @ 1100 1983 p 76 R18 ap 158/86 1 ednas noted nares & drainage, tympanic membrane intact LCA RAO @ all left @ will schedule MD/RN Appt 10/19/01 J. Hults Rn

Please sign each entry with status.

**TDCJ HEALTH SERVICES DIVISION  
NURSE'S CHAIN REVIEW**

NAME: McKinney CurtisTDCJ#: 534028**I. OUTGOING CHART REVIEW**Date: 10-4-01 Time: 0200 Facility: WVTransfer to: K B UnitAllergies: NKAMethod and time of travel appropriate: YES ☒ NO ☐ Medical Condition Appropriate for Travel: YES ☒ NO ☐X-rays sent: YES ☒ NO ☐ N/A ☐ Current med pass on chart: YES ☒ NO ☐ DOT: YES ☐ NO ☒Meds sent: YES ☐ NO ☒ N/A ☐ Health Problems: Medical ☒ Dental ☐ Mental ☐Special Diet: 0Treatment/Preps: 0Housing Restrictions: 0Discipline Restrictions: YES ☐ NO ☒Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐ 0Pending Appts/Follow-ups: 0Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☒Nurse Signature/Date/Time: [Signature] 10-4-01 @ 0200**II. ENROUTE CHART REVIEW**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: \_\_\_\_\_

On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ DOT: YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐

Housing Restrictions: \_\_\_\_\_

Treatment/Preps: \_\_\_\_\_

New Orders: \_\_\_\_\_

New Medications On Computer: YES ☐ NO ☐

Pending Appointments: \_\_\_\_\_

Chart for Review to: CID ☐ Mental Health ☐ Dental ☐

Additional Comments: \_\_\_\_\_

Nurse Signature/Date/Time: \_\_\_\_\_

Physician-PE Signature/Date/Time: \_\_\_\_\_

**III. FACILITY OF ASSIGNMENT:**Date: 10-5-01 Time: 1420Facility: WVDOT: YES ☐ NO ☒ Meds rec'd: YES ☐ NO ☒ Date last PPD ☐ / CXR ☐X-rays rec'd: YES ☐ NO ☒Health Diagnoses: carpal tunnel syndrome - paraparesis Rt  
chronic back pain - HTN

Meds:

Duraxol 7.5 d  
Diazide 7.5 d  
Metoprolol 30 dRec'd ☐Exp'd ☐

MD Reorder

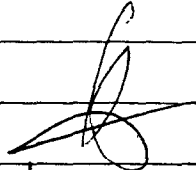
Treatments/Special Care/Follow-up/Diet/Appointments: \_\_\_\_\_

Chart to Review to: CID ☐ Mental Health ☐ Dental ☒Add to Chronic Clinic: YES ☒ NO ☐Restrictions: Housing 0 bunkWork #5-82880 yds, #16, 19Discipline: YES ☐ NO ☒Nurse Signature/Date/Time: [Signature] 10-5-01 1420

Physician-PE Signature/Date/Time: \_\_\_\_\_

Name: McKinney, Curtis  
 TDCJ No.: 534028  
 Unit: W2

**CLINIC NOTES**  
 TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
 INSTITUTIONAL DIVISION

Date & Time	Notes
10-1-01	1600 Wrenvial - 1/2 BID x 15 days KOP
	- T.O. Dr. Hults / Webster
	- Unot Webster 10-1-01 1600
	-
	<div data-bbox="1112 556 1554 787" data-label="Text"> <p>            Dr. R. Hults M.D.</p> </div> <div data-bbox="186 787 1445 1978" data-label="Image"> </div>

Please sign each entry with status.

# NURSING ASSESSMENT PROTOCOL FOR

## UPPER RESPIRATORY

(Cold Symptoms, Cough, Flu, Sinus, Sore Throat)

Name: McKinney Curtis TDCJ#: 534028 Date: 10-1-01 Time: 1545  
 Facility of Assignment: wallace Work Assignment: CF  
 Current Medications: Niazide - Atenelol  
 Allergies: (Food, drug, other) \_\_\_\_\_

Circle all items that are appropriate and/or complete all blanks.

### SUBJECTIVE DATA

- Patient complaint: Sinus
- Date of onset: 2 days
- ENT Symptoms:
 

<u>Sneezing</u>	<u>Nasal Discharge</u>
Tearing	Facial Pain
Headache	Sore Throat
<u>Earache</u>	Hoarseness
<u>Nasal Stuffiness</u>	
- Shortness of breath: None  
 At rest                      On exertion  
 Uneven chest wall movement: N/Y
- Cough: None Chronic Dry Productive  
 Color and consistency of Sputum \_\_\_\_\_
- History of Smoking: N/Y  
 Packs per day \_\_\_\_\_
- History of positive PPD: N/Y  
 Date \_\_\_\_\_

Tympanic membrane:

Right - NA Pearly gray Dull Red Bulging  
 Left - Pearly gray Dull Red Bulging

Hearing Acuity:

Right - NA Normal Reduced Absent  
 Left - Normal Reduced Absent

- Nasal Mucosa: Normal Pale Cyanotic  
 Reddened Edematous  
 Discharge color & amount: yellow
- Throat: ASSESS WITH CAUTION  
 Color: Normal Red Pale Petechiae Ulceration  
 Tonsils - Normal Absent Exudative  
 Swollen Reddened White Yellow  
 Swallowing - Normal Unable to swallow  
 Voice Quality - Normal Nasal Hoarse  
 Breath - Normal Foul Fruity

- Neck: Able to touch chin to chest? N/Y  
 Cervical Nodes - Normal Tender Enlarged

- Thoracic:  
 Respirations - Normal Deep  
 Shallow Labored

Chest wall movement -

Equal Unequal Retracting

Breath Sounds - Left Chest Right Chest  
 Clear \_\_\_\_\_  
 Wheezes \_\_\_\_\_  
 Crackles \_\_\_\_\_  
 Diminished \_\_\_\_\_

- Generalized Symptoms:

Skin - Warm Hot Dry Moist  
 Cool Flushed Pale  
 Turgor Tenting Normal

### OBJECTIVE DATA

- cellside. Assessment due to unit lockdown*
- T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_
  - Eyes: Normal Tearing Injected  
 Periorbital Edema \_\_\_\_\_  
 Conjunctiva appearance: clear
  - Ears: external canal:  
 Right - Normal Red Swollen Drainage NA  
 Left - Normal Red Swollen Drainage  
 Describe drainage if other than cerumen: \_\_\_\_\_

Comments: \_\_\_\_\_

**TDCJ HEALTH SERVICES DIVISION  
NURSE'S CHAIN REVIEW**

NAME: McKinney CurtisTDCJ#: 534028**I. OUTGOING CHART REVIEW**Date: 2-14-02 Time: 0200 Facility: WLTransfer to: RB 22Allergies: NKAMethod and time of travel appropriate: YES ☒ NO ☐ Medical Condition Appropriate for Travel: YES ☒ NO ☐X-rays sent: YES ☐ NO ☒ N/A ☐ Current med pass on chart: YES ☒ NO ☐ DOT: YES ☐ NO ☒Meds sent: YES ☐ NO ☒ N/A ☐ Health Problems: Medical ☒ Dental ☐ Mental ☐Special Diet: ✓Treatment/Preps: ✓Housing Restrictions: II B-2Discipline Restrictions: YES ☐ NO ☒Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☒Pending Appts/Follow-ups: ✓Special Instructions given to transport personnel: YES ☒ NO ☐ N/A ☐Nurse Signature/Date/Time: D. Browder 2-14-02 0200**II. ENROUTE CHART REVIEW**Date: 2/14/02 Time: 2335 Facility: RBOn Meds: YES ☒ NO ☐ Meds rec'd: YES ☐ NO ☒ DOT: YES ☐ NO ☒ X-rays rec'd: YES ☐ NO ☒Housing Restrictions: II B-2Treatment/Preps: ✓New Orders: ✓New Medications On Computer: YES ☒ NO ☐Pending Appointments: ✓Chart for Review to: CID ☐ Mental Health ☐ Dental ☐Additional Comments: HTN (C) Carpal SyndromeNurse Signature/Date/Time: D. McKinney 2/14/02 2335

Physician-PE Signature/Date/Time: \_\_\_\_\_

**III. FACILITY OF ASSIGNMENT:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: \_\_\_\_\_

DOT: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ Date last PPD ☐ / CXR ☐X-rays rec'd: YES ☐ NO ☐

Health Diagnoses: \_\_\_\_\_

Meds:	Rec'd <input type="checkbox"/>	Exp'd <input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treatments/Special Care/Follow-up/Diet/Appointments: \_\_\_\_\_

Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐

Restrictions: Housing \_\_\_\_\_ Work \_\_\_\_\_

Discipline: YES ☐ NO ☐

Nurse Signature/Date/Time: \_\_\_\_\_

Physician-PE Signature/Date/Time: \_\_\_\_\_



**TDCJ HEALTH SERVICES DIVISION  
NURSE'S CHAIN REVIEW**

NAME: McKinney, CurtisTDCJ#: 534028**I. OUTGOING CHART REVIEW**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: \_\_\_\_\_

Transfer to: \_\_\_\_\_ Allergies: \_\_\_\_\_

Method and time of travel appropriate: YES ☐ NO ☐ Medical Condition Appropriate for Travel: YES ☐ NO ☐X-rays sent: YES ☐ NO ☐ N/A ☐ Current med pass on chart: YES ☐ NO ☐ DOT: YES ☐ NO ☐Meds sent: YES ☐ NO ☐ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐

Special Diet: \_\_\_\_\_

Treatment/Preps: \_\_\_\_\_

Housing Restrictions: \_\_\_\_\_ Discipline Restrictions: YES ☐ NO ☐Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐

Pending Appts/Follow-ups: \_\_\_\_\_

Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐

Nurse Signature/Date/Time: \_\_\_\_\_

**II. ENROUTE CHART REVIEW**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: \_\_\_\_\_

On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ DOT: YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐

Housing Restrictions: \_\_\_\_\_

Treatment/Preps: \_\_\_\_\_

New Orders: \_\_\_\_\_

New Medications On Computer: YES ☐ NO ☐ Pending Appointments: \_\_\_\_\_Chart for Review to: CID ☐ Mental Health ☐ Dental ☐

Additional Comments: \_\_\_\_\_

Nurse Signature/Date/Time: \_\_\_\_\_ Physician-PE Signature/Date/Time: \_\_\_\_\_

**III. FACILITY OF ASSIGNMENT:** Date: 2-19-02 Time: 0900 Facility: WLDOT: YES ☐ NO ☒ Meds rec'd: YES ☐ NO ☒ Date last PPD ☒ CXR ☐: 8-14-01X-rays rec'd: YES ☐ NO ☒Health Diagnoses: HTN - Carpal tunnel syndrome

Meds:	Rec'd <input type="checkbox"/>	Exp'd <input type="checkbox"/>	MD Reorder
<u>Diuride 4 d.</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Unasyn 800 BID</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>metoprolol 150mg d</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treatments/Special Care/Follow-up/Diet/Appointments: \_\_\_\_\_

Needs medical clearance for surgeryChart to Review to: CID ☐ Mental Health ☐ Dental ☒ Add to Chronic Clinic: YES ☒ NO ☐Restrictions: Housing ↓ bunk Work #1Discipline: YES ☐ NO ☒Nurse Signature/Date/Time: Webster R. 2-19-02 0900

Physician-PE Signature/Date/Time: \_\_\_\_\_

Name: McKinney, Curtis  
 TDCJ No.: 5340288  
 Unit: WL

**CLINIC NOTES**  
 TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
 INSTITUTIONAL DIVISION

Date & Time	Notes
2-19-02	1000 I checked appointment & MD for pre op medical clearance — <u>Henderson R TC</u>
2-19-02	1010 appt. scheduled 2-20-02 — <u>Henderson R TC</u>
2/20/02	— here for MD/PA appt for pre-op medical clearance. T P R BP WT
2-20-02	1030 MD Appointment Pre scheduled for 2-21-02 — <u>Henderson R TC</u>
2/21/02 @	0830 In for MD/PA appt pre-op medical clearance wt 232 BP 146/83 T 97.5 P 69 R 20 <u>J. H. H. M. D.</u>
0 2/21/02	0840 5) arx. Cardiac, renal, lung, chest, HT, CV, ap phys eval pre surg — <u>2-21-02</u>
2-21-02	P) - CBC - UA - CXR - EKG - P1 - PT, PTT — <u>2-21-02</u>
2-26-02	1000 I-60 received C/O scalp infection - NSC 2/27/02 <u>C. Webster</u>
2-27-02	1230 NSL (S) C/O Dandruff; scalp Infections (S) wt 231 T 98° P 100 B 20 BP 142/94 Redness, scales, Flakes noted To scalp states "shampoo does not work" (D) <u>Dr. H. H. M. D.</u>
	W/ (comphat) (P) MD/PA Appointment Made for 3-1-02



4163

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McKinney, Chris  
TDCJ No.: 53-4028  
Unit: WI

Date & Time	Notes
2-4-02	1000 - Returned to WI unit from RMF - ortho consult - neuro consult - to see neurosurgery ASAP. Chart referred to PHSA C Webster
2-4-02	1430 Contacted RMF concerning status of surgery appt. the appointment will be scheduled by RMF Anderson RN
2-6-02	1000 Reg. for neuro. submitted to UM via fax Williams RN
2/6/02	1341 - I60 Ref'd request to Review Medical Records - Ref to Medical Records - M. Muth
2/6/02	1430 I60 Ref'd to Medical Records Request to review records Lugin P28-02 C Webster
2-8-02	0920 Offender ind to review medical records N Brunson RN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Please sign each entry with status.

**TDCJ HEALTH SERVICES DIVISION  
NURSE'S CHAIN REVIEW**

NAME: McKinney, CurtisTDCJ#: 534028**I. OUTGOING CHART REVIEW**Date: 3-28-02Time: 0200Facility: WTransfer to: RB 21Allergies: NKAMethod and time of travel appropriate: YES ☒ NO ☐ Medical Condition Appropriate for Travel: YES ☒ NO ☐X-rays sent: YES ☐ NO ☒ N/A ☐ Current med pass on chart: YES ☒ NO ☐ DOT: YES ☐ NO ☒Meds sent: YES ☐ NO ☒ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐Special Diet: 0Treatment/Preps: 0Housing Restrictions: IL B-2 TL C-2Discipline Restrictions: YES ☐ NO ☒Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☒Pending Appts/Follow-ups: 0Special Instructions given to transport personnel: YES ☒ NO ☐ N/A ☐Nurse Signature/Date/Time: D. [Signature] 3-28-02 @ 0200**II. ENROUTE CHART REVIEW**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility: \_\_\_\_\_

On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ DOT: YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐

Housing Restrictions: \_\_\_\_\_

Treatment/Preps: \_\_\_\_\_

New Orders: \_\_\_\_\_

New Medications On Computer: YES ☐ NO ☐

Pending Appointments: \_\_\_\_\_

Chart for Review to: CID ☐ Mental Health ☐ Dental ☐

Additional Comments: \_\_\_\_\_

Nurse Signature/Date/Time: \_\_\_\_\_

Physician-PE Signature/Date/Time: \_\_\_\_\_

**III. FACILITY OF ASSIGNMENT:**Date: 3/29/02Time: 1752Facility: KNDOT: YES ☐ NO ☒ Meds rec'd: YES ☐ NO ☐ Date last PPD ☒ TCXR ☐ 2/14/01X-rays rec'd: YES ☐ NO ☒Health Diagnoses: HTN, R. Parosporosis, chronic back pain, R. Carpal Syndrome, C2-C5 entrapment

Meds:

Selenium 3mg apply 1x day Rec'd ☐ Exp'd ☐ MD Reorder \_\_\_\_\_

Diazepam 10mg 1x daily - KOP ☐ ☐ \_\_\_\_\_

Mefenorex 50mg 3 tabs daily KOP ☐ ☐ \_\_\_\_\_

Nystatin/Diancin cream as directed KOP ☐ ☐ \_\_\_\_\_

\_\_\_\_\_ ☐ ☐ \_\_\_\_\_

\_\_\_\_\_ ☐ ☐ \_\_\_\_\_

\_\_\_\_\_ ☐ ☐ \_\_\_\_\_

\_\_\_\_\_ ☐ ☐ \_\_\_\_\_

Treatments/Special Care/Follow-up/Diet/Appointments: \_\_\_\_\_

Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☒ NO ☐Restrictions: Housing lower bank ground floor Work medically unsuitedDiscipline: YES ☐ NO ☒Nurse Signature/Date/Time: S. [Signature] 3/29/02 1800

Physician-PE Signature/Date/Time: \_\_\_\_\_

R. LACY, M.D.

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McKinney, Curtis

TDCJ No.: 534028

Unit: \_\_\_\_\_

Date & Time	Notes
02-01-02 @ 750	APP Scheduled for neuro OPC, see notes under referral section of Brown Chart. <u>B. Johnson</u> vs
02-01-02 @ 0935	APP Scheduled for ortho, see notes under referral section of Brown Chart. <u>B. Phage</u>

Please sign each entry with status.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
DEPARTMENT OF RADIOLOGY  
3601 4TH STREET  
LUBBOCK, TX 79430

PATIENT NAME: MCKINNEY, CURTIS  
DATE: 1-03-02  
NUMBER: 53 40 28  
PHYSICIAN: POST  
LOCATION: MONTFORD UNIT

CLINICAL INFORMATION: Cord injury.

REPORT:

MRI SCAN OF THE CERVICAL SPINE:

R. TORIO, MD  
JAN 09 2002

TECHNIQUE: Standard protocol MRI of the cervical spine was performed with sagittal T1 and T2 and axial T2.

FINDINGS: The previous films are not available for comparison. There is evidence of diffuse broad-based central and paracentral extradural defect at the level of C3-C4 which is causing spinal canal stenosis at this level and extrinsic pressure along the thecal sac and probably nerve root, more at the left side. There is evidence of compression along the cervical spinal cord at the level of C3-C4 and narrowing of the cervical spinal cord at this level.

Mild disc bulge at the level of C4-C5 and C5-C6 also cannot be ruled out.

IMPRESSION:

A BROAD-BASED EXTRADURAL DEFECT AT THE LEVEL OF C3-C4 CAUSING SPINAL CANAL STENOSIS AT THIS LEVEL AS WELL AS EXTRINSIC PRESSURE ALONG THE THECAL SAC AND PROBABLY NERVE ROOT AT THE LEFT SIDE AND NARROWING OF THE CERVICAL SPINAL CORD AT THIS LEVEL. THESE FINDINGS ARE

\*\*\*CONTINUED ON PAGE TWO\*\*\*